

# The Boston Medical and Surgical Journal

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### Original Articles.

#### ACUTE CHANGES OCCURRING IN THE CELLS OF THE SOLAR PLEXUS IN INTESTINAL CONDITIONS.

BY ABRAHAM MYERSON, M.D., BOSTON.

Assistant Professor of Neurology, Tufts College Medical School; Chief Medical Officer, Out-Patient Department, Psychopathic Department, Boston State Hospital.

[From the Pathological Laboratory of Taunton State Hospital.]

In some previous papers I described chronic pathological changes taking place in the sympathetic nerve cells of the solar plexus of insane patients and described some acute changes as well. The following two cases in which acute intestinal conditions occurred, were associated with acute changes of the nerve cells of the type described as acute Nissl degeneration. The relationship of the sympathetic nerve system to intestinal conditions has been very insufficiently studied and, in part, this is the reason for presenting these two cases.

CASE 1. White woman, No. 16344, autopsy No. 152. Entered the hospital April 1, 1904, age, 42. The diagnosis of dementia praecox, catatonic and paranoid, rested on the following mental symptoms: Delusions of persecution, poisoning, and of reference; markedly negativ-

istic; hallucinations of hearing; increasing dementia. She died April 14, 1916. Unfortunately, she had been for so long a time in a highly negativistic, semi-stuporous state that no change was noted until just before death, when the distention of the abdomen became marked. Autopsy held 18 hours later. Summary of gross findings—Emaciation, poor development. Small heart—180 gms. Small aorta. Lungs—chronic passive congestion. Atrophy of spleen, liver, pancreas, and kidneys was marked. Atrophy of ovaries and uterus. No arteriosclerosis anywhere.

*Brain.* Few adhesions of dura. Pia not remarkable. Brain firm. Section negative, except for slight congestion. Weight of brain, 1150 gms. Spinal cord negative. Pituitary negative.

*Abdomen.* Volvulus was found of somewhat unusual character. The ascending colon had a long mesentery which had become twisted so that this portion of the gut was thrown over to the left side and the small intestines had looped themselves around the stalk in an intricate manner. The ascending colon was distended, deep red generally, and deep blackish red in places. There was no break anywhere noted. The small intestines were distended. Peritoneum and mesentery much injected and moist. Scattered small hemorrhages.

*Cause of Death.* Volvulus. Passive congestion of lungs.

*Microscopic Examination.* The main interest centers on the nervous system, since there was nothing of unusual character in the body organs. In general, the macroscopic examination was confirmed.

Brain shows chronic changes often found after middle life and accompanying emaciation. Whether they are related to dementia praecox is not at all certain. There is atrophy of the nerve cells, especially the deeper layers; very slight satellitosis. Lipochrome granules in the large nerve cells. Very occasionally a cell showing acute changes with diffuse Nissl staining and eccentric nucleus noted.



Sympathetic cells of solar plexus. Cells here show two types of change. First, a chronic type, characterized in the previous paper before mentioned as belonging to "neurathrepsia." There is increase of the capsular cells, with atrophy of nerve cells, marked pigmentation, which on analysis are lipochrome granules, eosinophilic granules, and by silver staining after the fat is removed, the black or argyrophilic granules. Second, acute changes of typical axonal nature are present. There is almost complete disappearance of the Nissl bodies, only the fringe of

the cell staining a diffuse blue. The nucleus in the majority of cases is in the very periphery of the cell and in certain cases has been completely extruded.

In striking contrast to the changes found in this ganglion is the condition presented by the Gasserian ganglion which, of course, represents anatomically and functionally a different type of ganglion. Here the cells show typical normal Nissl staining and the nuclei are central. Though there are some chronic changes presented, nothing of acute nature has occurred.

*Summary of Case.* A dementia praecox patient, woman of middle life, dying of volvulus, shows acute axonal reaction in the sympathetic cells of the solar plexus, without corresponding changes elsewhere.

CASE 2. No. 20085, autopsy No. 146. Entered hospital April 22, 1912, 20 years of age; died March 26, 1916.

*Summary of Clinical History.* Always backward; enuresis until the age of 15; active mental symptoms at 18. Physical examination at the time of entrance showed exaggerated tendon reflexes, ankle clonus; unsteady gait. Positive Wassermann reaction in blood. Spinal fluid—Puncture attempted and unsuccessful because of patient's intense excitement and resistance. Mentally, patient is excited and grandiose. Gradually deteriorated, became apathetic and deeply demented—bedridden. She died on date mentioned. Had, clinically, signs that pointed to the consolidation of left lung.

*Summary of Autopsy Findings.* Marked emaciation. Left lung is pushed upward and occupies only the upper part of the chest. Rest of pleural cavity occupied by serous fluid; no pus, no fibrin. There are a few scars, moderately calcified, in the thickened pleura of the apex. The lung is not solid.

Aortitis. Moderate myocarditis. Atrophy of spleen. Hepatitis. Cystic ovary.

*Brain.* Typical well advanced general paresis; that is, thickened dura, cloudy and adherent pia, atrophy of convolutions in frontal and parietal portion with increased firmness, granulations in fourth ventricle, increased cerebrospinal fluid, etc. Cord shows moderate changes in posterior columns.

The large bowel and part of the ileum were distended with impacted feces. The blood vessels of the peritoneum were distended and engorged.

*Microscopic Examination.* Lung shows con-

gestion, compression, polymorphous and endothelial leukocytes in alveoli, no fibrin, occasional giant cell seen in thickened pleura. Brain—typical paresis. Perivascular spaces filled with lymphocytes and plasma cells. Pia thickened and contains exudate. Nerve cells show disarrangement of layers—atrophy—vacuolization. Diffuse Nissl staining. Central nuclei. Red cells present. Increased capillaries, increased neuroglia cells.

*Sympathetic.* Very decided acute changes in nerve cells with only a slight fringe of methylene preceding cases; that is, there is pallor of the nerve cells with only a slight fringe of methylene blue staining material at the periphery. The nucleus is peripheral and it shows varying degrees of extrusion. The chronic changes so well marked in the previous case are not nearly so prominent in this section—pigmentation is less marked.

*Summary.* A juvenile paretic, dying of pleurisy with effusion of tubercular origin, fecal impaction and congestion of peritoneal blood vessels, shows acute axonal reaction in the sympathetic cells of the solar plexus.

#### DISCUSSION.

The pathological condition here reported as occurring in insane patients is not at all related to the mental conditions of the patients, since in neither paresis or dementia praecox, as these conditions come to the autopsy table, can it be found. This statement is based on routine study of over 100 cases. Nor can it be related to tuberculosis, which is the cause of death in the second case, for it is not present in other tubercular cases. Emaciation itself plays no part; for many of the patients who are autopsied in insane hospitals are emaciated, dying, as they do, of chronic diseases and often refusing nourishment. While it is impossible on the basis of two cases to make any conclusions regarding the phenomenon, a tentative relationship may be discussed. It is very possible that pathological conditions that affect the blood supply of the ganglion are responsible for the acute changes described. It is well known that the ligature of blood vessels leading to other parts of the nervous system produces such changes. The volvulus has its main effects through this change in blood supply and it is conceivable that fecal impaction would disturb the circulation of the abdomen enough to produce anaemia or congestion to the nerve cells of the

ganglion. If this be so, it is very likely that part of the collapse and shock noted in such conditions as volvulus, intussusception, and acute intestinal obstruction of any kind may be related to the changes in the nerve cells of the solar plexus. A disturbance created in the center which controls so many viscera and plays so large a part in blood vessel control may well be general in symptomatology.

Speculation becomes somewhat more precarious in passing from these acute conditions to chronic disturbance in the abdomen. Chronic congestion of the peritoneal vessels such as occurs with adhesions, obstipation, cirrhosis of the liver, etc., should be studied from the viewpoint here tentatively advanced. Mechanical and nutritive changes acting on the sympathetic cells of the abdomen rather than any auto-intoxication may account for the generalized symptomatology.

Here, too, it is possible that one may find an explanation of the change in mood, so often immediately noted after an evacuation of the bowels. The change produced is almost instantaneous with many people. Mood and emotion are largely vaso-visceral manifestations; and it seems to me likely that a loaded bowel changes conditions within the intestine in such a manner as to affect the blood supply of the sympathetic cells scattered in the ganglia throughout the posterior wall of the abdomen. That not all people are bothered by a loaded bowel may be explained by some difference in the architecture of the peritoneum, in the length of the attachments, any difference in the ligaments, in other words, it may be related to mechanical differences so that congestion and vascular disturbances may much more easily be produced in certain individuals than in others.

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#### Clinical Department.

##### THREE CASES OF PREGNANCY ASSOCIATED WITH TUMOR.

By FREDERICK W. JOHNSON, M.D., F.A.C.S., BOSTON.

THESE CASES were operated on by me at the Carney Hospital during October and November, 1918, and January, 1919.

CASE No. 3256 entered the hospital October 21, 1918. Thirty-eight years of age. Three chil-

dren, youngest eight years old. No miscarriages. Menstruation began at fifteen and has always been profuse. Last unwell May 30, 1918. Previous period, April 15, 1918.

Noticing an enlargement of the abdomen, she consulted her family physician who sent her to me. She complained of no pain or discomfort. Physical examination revealed a double mitral murmur and a uterus the size of a five-months pregnancy, pushed up out of the pelvis by a cystic tumor which filled the hollow of the sacrum. Urine negative.

*Operation.* October 23. Gas-ether. A right ovarian cyst, with pedicle, the size of a medium grapefruit was easily delivered from Douglas' pouch. A grape-like bunch of papillomatous disease had perforated the cyst wall.

*Pathologist's Report.* Papillary cysto-adenoma. Her recovery was uneventful.

CASE No. 3279 entered the hospital November 25, 1918.

Thirty-six years of age. One child eighteen months old. Three miscarriages. Menstruation began at fifteen and has always been profuse. Eclampsia at time of labor. Last unwell August, 1918. Previous period, July, 1918.

While walking, was suddenly seized with severe pain in the right lower quadrant of the abdomen. Nausea and vomiting soon appeared. After a short time, the pain and soreness became located at McBurney's point. She was sent in as an emergency appendix. I saw her on admission, and two hours after, she had received a subcutaneous of gr.  $\frac{1}{4}$  morphia. Temperature 97.4°. Pulse 80. No spasm of recti muscles. Moderate pain on pressure over McBurney's point. The nausea and vomiting had stopped. The uterus, the size of a three-months pregnancy, was well up out of the pelvis. An ice bag for the abdomen and morphia subcutaneously, should the pain be severe, were ordered. There was but little pain the next day, and in two days there was none and no sensitiveness on pressure. The urine was negative. Discharged November 30. Diagnosis: Appendicitis (?).

December 5, 1918, the pain returned in the same locality and was accompanied by nausea and vomiting. Temperature sub-normal. Pulse 78. No spasm of recti muscles (a subcutaneous of morphia had been given twice before she reached the hospital). Severe pain on pressure over McBurney's point. In two days, with

rest in bed and ice bag on abdomen, the pain had subsided.

*Operation.* December 10, 1918. Gas-ether. The uterus was the size of a four-months pregnancy. On the right, just behind the uterus, there was a cyst, with a long pedicle, the size of a tangerine orange. This was removed. The cyst was filled with a bloody fluid and there had been hemorrhage into the cyst wall. The appendix was normal.

*Diagnosis.* Right ovarian cyst with twisted pedicle.

Her recovery was uneventful.

CASE No. 3299 entered the hospital January 5, 1919. Thirty-six years of age. Married five months. Dysmenorrhea for the past two years. Last unwell September 14, 1918. Has noticed gradual increase in size of abdomen and is able to make out two distinct tumors, "one on the left, which is soft, and one on the right, which is hard." There had been nausea and vomiting at intervals, day and night, since October 31. The uterus, the size of a three and one-half months pregnancy, was found pushed up out of the pelvis. The vulva and vaginal walls were of a violet color. On the right there was a hard mass the size of a child's head, extending up under the liver. Urine normal.

I saw this patient first June 14, 1918 (six weeks before marriage). She consulted me for pain in the lower right quadrant of the abdomen, which she had had, off and on, for two years. I then found a fibroid the size of my two fists, and advised its removal.

*Operation.* January 7, 1919. Gas-ether. On the right of the uterus, which was about the size of a three and one-half months pregnancy, there was a fibroid, mostly subserous but a part of it interstitial. The tumor was enucleated without much difficulty. It weighed three and one-half pounds. Although she was much exhausted by the frequent nausea and vomiting, day and night, and the loss of nourishment, I did not consider it a case of pernicious vomiting but, nevertheless, thought it wise to follow Dr. John Cooke Hirst's directions.

She was given subcutaneously, as soon as it was time for the ether vomiting to have ceased, 2 cc. corpora lutea, and 1 cc. on four successive days. Improvement followed the first dose and the nausea and vomiting ceased entirely and did not return after the fourth subcutaneous injection. Her recovery was uneventful.

## REPORT OF A CASE OF SUBCUTANEOUS RUPTURE OF THE SPLEEN.

By I. J. WALKER, M.D., BOSTON.

CASES of rupture of the spleen, while not uncommon, are generally not recognized until the abdomen is opened. The symptoms indicating operation are those pointing to a severe injury of the abdominal contents, associated with signs of marked internal hemorrhage.

Berger<sup>1</sup> states that 51.8% of all cases of splenic rupture prove fatal from hemorrhage within the first hour.

On the other hand, in subcutaneous rupture of the spleen without a tear in the capsule itself, there may be no signs of hemorrhage, and the patient make an uneventful recovery without operation. Naturally, in such cases the diagnosis of rupture of the spleen cannot absolutely be made. A certain number of this class later come to operation for an infected hematoma within the capsule, or for cyst of the spleen. In these, the bleeding within the capsule must have been gradual and ceased entirely when the pressure within the capsule became sufficiently great to shut off the bleeding points. Occasionally, as in the case cited below, the bleeding within the unruptured capsule continues until the pressure becomes so great that the capsule can no longer hold. The latter then suddenly bursts and, with it, the peritoneal covering, setting free a large hematoma and allowing a profuse hemorrhage from the torn spleen into the general peritoneal cavity.

This accident may occur from a few hours up to several days following the trauma and is quite sure to be fatal unless surgical measures are quickly resorted to.

Male, Italian, age 34, teamster.

F. H. Not taken.

P. H. Not important except for fact that patient never had malaria.

P. I. Sept. 10, 1918, at about 10 A.M., was kicked by a horse, in the upper abdomen. Continued to work, loading and unloading coal wagon until noon when a fellow workman told him to stop as he did not look well. His only complaint was slight pain in the abdomen.

Patient walked into the office of Dr. E. J. Powers of Chelsea, about 2 P.M. The latter, as a precautionary measure, took the patient home and put him to bed. He also strapped his left

chest and gave codeine for what appeared to be a slight diaphragmatic pleurisy. There was nothing further found on examination except slight tenderness over the left upper abdomen. The pulse, temperature, and respiration were normal and remained so during the next few days. Patient remained in bed, without other symptoms, until September 13, when, without permission, he sat up to eat his dinner. On the morning of September 14, patient was seen by Dr. Powers who found him comfortable. About 11 P.M. on September 14, while lying on bed, patient suddenly felt "something give way" in the upper abdomen, and at once sent for Dr. Powers. The latter found the patient in a state of collapse, pulse 130, temperature 97, respiration 30. There was marked pallor and thirst. The abdomen was considerably distended with rigidity and spasm on the left side, especially on the upper half. There was also shifting dullness in the flanks.

The diagnosis of rupture of some viscus, with internal hemorrhage was made, and immediate operation advised.

Further examination made by me about midnight of September 14, at the Frost Hospital, revealed no further symptoms. Under ether, the abdomen was opened through a high left rectus incision. There was at once an escape of large amounts of old and fresh blood. Quick exploration revealed a ruptured spleen which was bleeding profusely. Splenectomy was done. Further exploration was negative. Two gauze drains were placed to the former site of the spleen and the wound closed in layers. At the end of the operation the patient's condition was poor. Transfusion of blood was considered but no donor could be obtained. Salt solution was given intravenously and the patient stimulated. His condition on the morning of September 15 was slightly improved. He refused to allow transfusion at this time. From then on his condition gradually failed and he died at 10 A.M., September 16.

Examination of the spleen, after removal, showed the capsule loosened from the surface as if it had been lifted by a slow extravasation of blood from beneath. The peritoneal covering, capsule and spleen itself were torn through the middle, in a line running from the hilus backward to the posterior aspect, practically dividing the organ into two pieces.

## REFERENCE.

<sup>1</sup> Berger: Archiv. klin. Chir., lxxvii, 205.

## Selected Papers.

## INFLUENZA.\*

By JOHN SPEAKES, M.B., B.Ch., Capt., R.A.M.C.  
DUBLIN, IRELAND.

Assistant Physician to the Adelaide Hospital, Dublin.

LOCAL outbreaks of influenza occurring during the past two years should have warned us of the approach of the present pandemic. One of the ablest workers at cerebro-spinal meningitis has stated that when the carriers of the meningococcus pass a certain point we have an epidemic of this disease. Perhaps this is applicable to influenza. It is 28 years since the last severe epidemic, and intervening years have been punctuated with sporadic outbreaks, which may have caused an increase in the number of carriers. The course followed by the disease seems to have been from west to east and not east to west, as formerly.

## ETIOLOGY, ETC.

Influenza is extremely contagious, possibly the most contagious of all infections, and seems to attack the strong and the weak; old age alone seems to confer some degree of safety. Coughing, sneezing, etc., are the main spreading factors. Many workers are now agreed that the causative agent of this present pandemic is a bacillus similar to that described by Pfeiffer in 1892. The reasons mainly are:—(1) The remarkable prevalence of this bacillus in the sputa of sufferers as compared to healthy people; (2) the recovery of the bacillus from the blood, pleural effusions, etc., of cases clinically influenza.

While this is not a definitely established fact, yet the evidence in favor of the bacillus is on the increase. In the Howth epidemic, the bacillus was isolated from five cases of the first seven examined, and since then the examination of over 150 sputa showed bacilli present, morphologically indistinguishable from Pfeiffer's, and in all probability genuine influenza organisms. Several unsuccessful attempts to recover organisms from the blood have been made.

*Incubation.* The incubation period is about two days. This has been noted by many observers, and the onset has been, in many cases, remarkably sudden.

*Types and Features.* A pure influenza attack

may be followed by a secondary pneumonia, which was not caused by the influenza bacillus alone in the cases examined, but by a streptococcus or pneumococcus, and occasionally by other organisms.

Influenza is protean in its manifestations, and has been mainly of the respiratory type, with occasional instances of gastro-intestinal, nervous, and other types.

The striking features in many of the respiratory cases have been the presence of epistaxis and a tendency to hemorrhages of various kinds; toxemia, grossly irregular temperature, cyanosis, early excessive watery nasal discharge, albuminuria, etc.

## POST-MORTEM EXAMINATIONS.

Autopsies were made in seven cases, with the following results:

*Macroscopic. Lungs.* Two of the cases had a definite recent extensive fibrinous pleural exudate on section.

Some cases showed extensive broncho-pneumonia simulating lobar; others showed definite areas of consolidation, nodular and peribronchial, especially in the right lower lobe, with a definite tendency to coalesce. Gray patches around the bronchioles, and intervening red areas, were seen. On squeezing, purulent material exuded from the bronchioles, especially in the solid areas. The bronchial mucous membrane was hyperemic, and coated with a mucopurulent exudate.

*Spleens* showed a congestion and friability in three of the cases.

Three *kidneys* showed acute nephritis; capsules peeled easily, cortices had a somewhat boiled appearance.

*Hearts* showed a flabby condition; three were dilated. Two cases showed patches of pericarditis of outer surface from contact with pleura of lung.

*Livers*, as a rule, were congested, and two showed a "nutmeg" appearance on section.

*Microscopic. Lungs.* The alveoli contained r.b.c., polymorphs; desquamated endothelial cells, which were round and swollen, also a serous exudate. Several of the cases showed hemorrhagic areas. The alveolar walls were greatly congested and oedematous, the endothelial cells were swollen, and frequently projected into the alveoli; in many fields it was difficult to make out the alveolar wall.

\* Reprinted from the Medical Press of Jan. 1, 1910.

**Bronchi.** These showed a purulent exudate, desquamation, and hyperemia.

Three **kidneys** showed acute nephritis, mainly of tubular type. The cells lining the tubules were swollen, and the lumen contained albuminous material, and in three cases r.b.c. Congestion around the tubules was very marked, and was present to some degree in the glomeruli.

**Liver.** Hemorrhages were observed close to the surface, and there was marked general congestion.

In six cases streptococci were grown from lung cultures, also pneumococci in five cases, and in two cases a hemolyzing staphylococcus. One of the lung sections stained by Gram's method showed a most extraordinary number of streptococci.

#### IMMUNITY.

We have been taught that one attack of influenza does not confer any immunity, and that, on the contrary, many people suffer almost yearly from "flu" attacks. However, it is a remarkable fact that in Dublin, and in several of the country districts, it has been observed that those people who had a severe attack of influenza last July are not being attacked now. There are exceptions to this, it is true, but the fact remains that numbers of people seem to have acquired some degree of immunity, assuredly conferred on them by their July attack—possibly this immunity is of a transient nature, but at any rate it has lasted three months.

The periodicity of epidemics also tends to show that there is some degree of general immunity, which gets diluted in time by a new population of relatively low immunity. It must also be remembered that many attacks of catarrh are incorrectly termed influenza.

#### PROPHYLAXIS.

On the supposition that the July epidemic conferred some degree of immunity, and as prophylactic vaccines against catarrh have met with considerable success, it seemed reasonable to suppose that a vaccine made of *B. influenzae* should confer some degree of immunity if given in suitable doses. An attempt has been made to provide prophylactic treatment, which began on October 7. The reports received up to the present have been very favorable, and in many cases striking, but it is impossible to say definitely if the vaccine is protective or if it reduces the severity of the attack in inoculated people. However, the evidence tends to show that some

degree of immunity is acquired after two or more inoculations. The doses given have been: first dose, 25 millions; second dose, 40 millions, approximately.

It is fully determined that no unfavorable effects have followed the doses. A certain number of cases have contracted influenza within 36 hours after their first dose, and it is advisable that all who are inoculated should be warned not to expose themselves to infection for 24 hours at least.

Mixed vaccines of streptococcus, pneumococcus, etc., have been tried, but not on so extensive a scale in Ireland, as it seems more logical to try to prevent the primary influenzal attack, and it is difficult to regulate dosage and gauge resulting immunity when using a mixed vaccine. Rigid isolation has proved a most efficient prophylactic agent.

#### TREATMENT.

Calomel, oxygen, stimulants, salicylates, strychnine, etc., are, of course, widely used and known to everyone.

Vaccine treatment (*B. influenzae*) may be tried in early cases. Many observers are fully satisfied that the results are good. The doses should be small—10 to 15 millions first dose. Further experimental evidence is necessary, as credit may be wrongly given to a vaccine based on the fallacious argument, *post hoc, ergo propter hoc*.

When pneumonia has set in, pure influenza vaccine is certainly not indicated. The offending organism in the main is a streptococcus, and occasionally the pneumococcus. A mixed vaccine may be used, but there is not yet sufficient evidence to show that it is of any value. Serum treatment, especially for pneumococcal pneumonia, has been tried, with apparent success, in America, but not to any extent in Ireland. The serum of convalescents seems to be an efficient therapeutic agent, and this is an additional argument in favor of vaccine prophylaxis. Anti-streptococcal serum seems certainly to be indicated in many cases.

#### CONCLUSIONS.

1. That the mass of evidence shows that the present pandemic is caused by a bacillus which morphologically and culturally resembles Pfeiffer's.
2. That the fatal secondary pneumonia is caused mainly by a streptococcus hemolyticus.

which is frequently associated with hemorrhagic tendencies.

3. That there is conclusive evidence of acute nephritis and albuminuria in severe cases.

4. That probably a certain degree of immunity is conferred by prophylactic use of influenza vaccine, and that the use of the vaccine for this purpose is justifiable.

5. That further experiments, duly controlled, are necessary to establish the utility of influenza vaccine for prophylaxis and early treatment.

I am greatly indebted to the President for the opportunity he has given me to explain what work we have done up to the present; of course, it is premature yet to give detailed statistics.

### Society Report.

#### COLLEGE OF PHYSICIANS OF PHILADELPHIA.

SPECIAL MEETING, TUESDAY, NOVEMBER 5, 1918,  
AT 8.30 P.M.

DR. THOMAS E. NEILSON, Acting President, in  
the Chair.

#### THE SURGICAL TREATMENT OF WOUNDS OF THE LUNG.

MAJOR PIERRE DUVAL, Paris: In the last two years the treatment of lung wounds in the French Army has changed from the medical to the surgical. This surgical treatment consists in excising the lung wound and treating it as one would a wound in any other part of the body. The chest is opened widely enough to take the lung out; it is examined on all its surfaces; hemorrhage is checked, the lung replaced and the chest wall sutured completely. In the first half of the war in 300 cases of lung wounds treated medically there was a mortality of from 25 to 28 per cent. By the surgical treatment in cases brought in with severe hemorrhage there were good results in from 65 to 68 per cent. of all cases. By the operative treatment of war wounds of the lung the mortality has fallen from 28, to 9 per cent. The war experience in lung wounds has opened a broad field for lung surgery in time of peace.

#### GUNSHOT WOUNDS OF THE CHEST.

COLONEL GEORGE E. GASK, London: A very great change has come over the whole of our

treatment of gunshot wounds. At the beginning of the war we were horrified to find that every single wound was suppurating. Our efforts to get clean wounds were futile and it seemed as if we had returned to the pre-Listerian period. We now realize that the essential treatment of all gunshot wounds is the early mechanical cleansing by open operation under aseptic precautions before the organism introduced by the missile has a chance to multiply and invade the tissues. A broad line of distinction is drawn between contamination and infection. In the majority of cases operation is done within 12 or 15 hours of the time of injury. For the first two years of the war we were afraid to do any sort of operation on the chest. The men were put to bed, given morphia if in pain, a remedy for cough if there was cough, and we hoped they would get well. Quite a large number did, but a larger number died, and a large number became extremely septic, had empyema with pus discharge. The only surgery that was done was the removal of an inch or two of rib and a tube put in. Throughout the time of the Somme fighting we had not time to study these chest cases for the number of urgent operable cases was enormous. Gradually we found that we could divide the thoracic cases into two categories: Those dying on the battlefield or within a few hours, and those dying in from 48 hours to two or three weeks. Of the former class death was the result of hemorrhage; of the latter, usually death resulted from sepsis. Our next step was to find the channel of infection, and the great principle we arrived at was to affect an early mechanical cleansing of the wound of the chest wall and of the wound in the lung. Our method was to put the patient to bed, the chest being examined for complicating wounds, hemothorax, pneumothorax, movements of the diaphragm, position of the heart and for any indication of respiratory distress. X-ray examination was used whenever possible. Determining that the chest wall must be excised we cut down upon the rib or scapula, finding it necessary often to excise ragged splinters with a pair of scissors. Very often we found bleeding in the costal artery which we first thought came from the lung. This was tied. Inserting a finger there could be felt splinters of bone in the cavity or sticking into the lung. Such cases with the air sucking in and out were uniformly fatal. We later were led to enlarge the wound of entrance that the

hand might enter the thoracic cavity and remove foreign bodies. Rather to our astonishment the men stood these operations much better than we anticipated. There was banished forever the principle which I was taught to believe that handling the wounded lung would cause renewed bleeding. Upon opening the chest the blood is removed and search is made for foreign bodies, the lung is examined for foreign bodies as would be a coil of intestine. If the foreign body has penetrated into the lung a fresh incision may be required. This can be made without fear except near the hilus, and any bleeding is easily controlled by deep catgut sutures. The principle that a wound must be cleansed must be applied in wounds of the lungs as in any of the soft parts. As evidence of the fact that the lung is able to take care of many organisms without abscess formation, gas gangrene of the lung is unknown in spite of the many cases in which foreign bodies are left in the lung. It is, therefore, a matter of practice to close every wound in the lung. I fancy that restoration of function is accomplished much more quickly when the lung is at once put into as nearly normal condition as possible. Cleansing of the pleural cavity is of the utmost importance. The final step in the operation is closure of the chest and this is done as in closure of the abdomen when possible,—muscle to muscle, and skin to skin. An anesthetic may be given with safety if there is fair function on the side of the chest not opened. I think I may be right in saying that the type of anesthetic, as long as it is skilfully given, is not of very great importance. In the after treatment, the chest should be aspirated at regular intervals to determine that no infection is present. I would not give the impression that every chest wound should be operated upon. Probably not more than 30 per cent. of penetrating wounds of the chest should be subjected to operation. In our experience the indications for early operation are (1) Such wounds of the soft parts as would require operation in any other part of the body; (2) Bleeding from that wound; intracostal hemorrhage; (3) Fractured ribs; (4) Cases with large foreign bodies lodged in the lung; (5) Cases of pneumothorax in which air is admitted through the wound. In hemothorax without extensive wounds, splintered ribs, or retained bodies, there is at present diversity of opinion. While we are inclined to operation our practice is not to operate unless there is sign of sepsis. Theoretically

there should be no such state as an infected hemothorax, but practically there are a considerable number of such cases. We have no means of telling which cases will become septic. I believe that closure of the chest helps to expand the lung for every movement aids in this expansion as soon as the air is absorbed. If pus is formed a stitch may be easily removed and a tube inserted. The surgical treatment of wounds of the chest is now being practised in almost every hospital at the front line, and we have had the supreme pleasure of seeing many patients restored to health who would have died under the former treatment.

#### THE TREATMENT OF CHEST WOUNDS BY ARTIFICIAL PNEUMOTHORAX.

PROFESSOR RAFFAELE BASTIANELLI, Italy: In the Italian Army the treatment of chest wounds has followed almost the same steps as in the other Armies. Early in the summer of 1916 we saw the necessity of an active intervention, and we came to the conclusion that, except for a few puncture-like wounds, it was necessary to excise the soft parts and to remove the bone fragments, treating the chest wall in the same way as we had learned to treat wounds in any other part of the body, because we felt sure that much of the pleural infection causing empyema, septicæmia and death was due to an infection coming from the outside. The chest wall was closed air-tight and without drainage, and generally this operation was performed under local anesthesia. It was through the untiring interest of one of my associates, Major Morelli, a pupil of Forlanini of Pavia, that the artificial pneumothorax was introduced into the Italian Army, leaving the complete chest operation for the treatment of exceptional cases. Some lung wounds are such that air is not admitted to the pleural cavity from the outside, neither can it escape, so that the hemothorax and the pneumothorax are in a closed thorax; and when here there are no adhesions generally we see that the hemorrhage is either fatal, or it is profuse, or moderate, or does not show at the beginning, but appears and is prolonged. This prolonged hemorrhage is due to the fact that inside the closed thorax there is the negative pressure of the lung which works like a suction cup on the lung wound. We have then two very bad conditions,—a movement of the wounded organ, and a suction on the wound itself. In many such cases of closed thorax wound Nature may effect

a perfect, or an imperfect cure. The mechanism of the cure by Nature is through the pressure exercised on the lung wound by the blood in the pleural cavity, by the air, or by both together. With 1500 or 2000 cc. of blood inside the pleural cavity the lung may still expand. The lung, collapsed and immovable, presents a favorable condition for healing. We have learned also that blood in the pleural cavity is dangerous not only as a medium for micro-organisms but also in the formation of fibrous deposits which obliterate the sinuses of the pleura and produce adhesions; also its presence does not favor expansion of the other side of the chest. Instead, if the pleural cavity is filled with air, the lung is compressed, hemorrhage, infection, and adhesions are prevented more easily, and even the big missile inside the lung sometimes remains without complication if immobility is maintained. With blood in the pleural cavity the lung is usually only partly retracted and we see bad functional consequences. If the lung is surrounded completely by air, adhesions do not occur; and when the lung begins to expand, the pleura will not contract adhesions so quickly that the expansion is prevented. Adhesions may occur later, but then the lung has already expanded and the function is good. For these reasons we believe that there is advantage in removing the blood as completely as possible from the pleural cavity and in substituting air. We never see secondary hemorrhage. The current opinion that blood in the pleural cavity is efficient in checking hemorrhage is not true if in removing the blood we substitute air, inducing a positive pressure sufficient to cause collapse of the lung. We believe that in every case in which a lung wound is demonstrated, pneumothorax should be performed. We perform it also in cases of contusions of the lung which are apt to be followed by complications. Contraindications are evidenced when adhesions prevent the introduction of air or when the air escapes through a gap of the chest wall which could not be completely closed, or through the lung wound itself. But such contraindications are exceptional. The indications for complete operation in our practice are very limited, and when the chest is a closed one we believe that it should be performed exceptionally. While if the chest is open, and especially if the opening is large, naturally it is more often indicated to inspect and treat the lung wound. We have had no case in which we were obliged to resort to a

complete operation for hemorrhage. We believe the operation should be performed when a foreign body in the pleural cavity can be demonstrated. We believe that closure of the open chest should be made as promptly as possible and we found useful the introduction in the chest would of a small rubber bag which, when inflated, sealed completely the opening. These bags and the apparatus for performing the pneumothorax, devised by Major Morelli, will be shown by lantern slides. In 206 cases of lung wounds with closed chest treated by pneumothorax alone or by thoracostomy and pneumothorax there were seven deaths. Among the cured cases we saw only 22 complications. Of the open chest there were 84 cases with a mortality of 19 cases,—22 per cent. Of these 19, eight died in the first 14 hours. Of the 76 treated by pneumothorax after removal of the blood there was a mortality of 11 cases,—14½ per cent. There has been a great improvement in this series of open chest since my plan of suturing the chest wall air-tight instead of plugging permanently the gap with the rubber bag was systematically adopted. In 35 cases so treated we had two deaths. I think that these results compare favorably with any result in any other army by any other means of treatment.

#### SURGERY OF THE LUNGS.

COLONEL SIR THOMAS MYLES, Dublin: It must never be forgotten that the man with a bullet in his lungs has a bullet in two places,—in his lung, and also on his mind. It is to get rid of the bullet on his mind that the second operation is often undertaken. Sir Berkeley Moynihan believes that the mechanical effect of the bullet in the lung is in many cases comparatively small, while the effect upon the man's mind is very large. The only reliable method of examination is by the x-ray, and for the removal of the foreign body Sir Berkeley Moynihan finds that with few exceptions an incision at the level of the fourth rib offers an easy route of exit. The lung is to be handled as gently as possible in searching for the foreign body, and when located it is a simple matter to make an incision and extract it. A stitch is then inserted with a curved needle. It is of great importance not to encourage a too rapid inflation of the collapsed lung. It is of service to maintain a pneumothorax for a few days when necessary to break down adhesions.

## LATER STAGES OF GUNSHOT WOUNDS OF THE LUNGS.

MAJOR G. GRAY TURNER, New Castle-on-Tyne: In the early stages of the present trouble it was not the custom to carry out any active surgical intervention, and the practice of the surgeons at the front reflected on the practice of those in the stations behind the battle line. As a consequence, quite a number of cases suffering from penetrating wounds of the chest and with retained foreign bodies came to the base hospitals. About the middle of 1915 we determined to see if the men could not be relieved by active surgical methods. We found that many were suffering from incompletely absorbed hemothorax, some from neurasthenic symptoms, some from injury to the underlying lung. In a limited number of cases the foreign body in the lung gives rise to cough, hemoptysis, and symptoms suggestive of suppurative processes. We have found upon operation, band-like adhesions in the track of the bullet, the site of persistent infection, due possibly to the movement of the lung. The best results in gunshot wounds are obtained in those cases in which there has been a through and through wound. These men make a good recovery up to a certain point, but break down under the stress of military training. Upon opening some of these cases it is found that the blood is an organized clot. The lung is perfectly smooth as though encased in a sac. By splitting up the fibrous coating the lung is enabled to distend. A similar condition in the diaphragm is dealt with in the same way. The worst feature found upon opening the chest is that of adhesion of the base of the lung to the diaphragm. I am inclined to think that a certain amount of the disability here found is due to the hemorrhage and want of expansion of the lung for a considerable time. The lung becomes retracted and this position is not overcome by the respiratory exercise. It is not fair to speak of these operations as though they were to be lightly undertaken. The risk, however, is very small. Recovery depends upon the amount of damage done to the lung tissue at the time when the operation is undertaken. Sufficient time has not elapsed to say what the ultimate history of these cases will be. It is not enough to say that the patient can be returned to duty. We must know the condition months or years hence before we can speak with certainty. This is a branch of war surgery not yet sufficiently practised, but for which the time of development is ripe. The nearer to the battle front

can be brought our first line of surgical defense the better will be the results. The success of thoracic surgery in this war has been a very good demonstration that the general principles of surgery are true wherever applied.

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**American Medical Biographies.**
**FLETCHER, ROBERT (1823-1912).\***

Robert Fletcher, one of the most eminent medical scholars and bibliographers of recent times, was born at Bristol, England, on March 6, 1823, where his father was a local attorney and accountant. After completing his preliminary studies, he was bred to the law. When he had spent two years in his father's office, he decided to study medicine, entered the Bristol Medical School in 1839, and completed his course at the London Hospital, becoming a member of the Royal College of Surgeons and a licentiate of the Society of Apothecaries in 1844. In 1843, he married Miss Hannah Howe, of Bristol, and wishing to try his fortunes in the new world, crossed the ocean with his young wife, and settled in Cincinnati, Ohio, in 1847. When the Civil War broke out, he became surgeon of the First Regiment of Ohio Volunteers (1861), and, after three years active service in the field, was commissioned surgeon, United States Volunteers, in charge of Hospital No. 7 at Nashville, Tenn., and became subsequently medical purveyor of the army at the same post, receiving, at the end of the war, the brevets of Lieutenant-Colonel and Colonel "for faithful and meritorious services." In 1871 he was transferred to the Provost Marshal's Bureau in the War Department at Washington, then in charge of Colonel Jedediah H. Baxter, United States Army, took an active part in the preparation of the two volumes of anthropometric statistics issued by that office (1875), and was the author of a treatise on anthropometry which prefaces this valuable work. In 1876, he became associated with Dr. John S. Billings in the Library of the Surgeon-General's Office, the nucleus of which, begun in Surgeon-General Lovell's time (prior to 1836), was a small collection of some three or four hundred books at the beginning of the Civil War, the library now containing upwards of half a million volumes and

\* From the forthcoming "American Medical Biography," by Dr. Howard A. Kelly and Dr. Walter L. Burrage. Any important additions or corrections will be welcomed by the authors.

pamphlets. In building up this great collection, Dr. Billings had early conceived the idea of printing a subject-index of the medical literature of the world, and, in 1876, he published a "Specimen Fasciculus of a Catalogue" of the Library, in effect a combined index of authors and subjects arranged in dictionary order in a single alphabet, which was submitted to the medical profession for criticism. A little later, Dr. Fletcher was assigned to duty in the Library and became the principal assistant in the redaction of the Index Catalogue, the first volume of which was printed in 1880. After the completion of the first series in 1895, Dr. Billings was retired from the army at his own request, becoming professor of hygiene in the University of Pennsylvania and subsequently director of the New York Public Library, and the redaction of the second series remained in charge of Dr. Fletcher. To this work Dr. Fletcher gave his rare scholarship and his extraordinary capacity for close and intensive proof-reading, and his labors were often carried, as Dr. Billings has said, "far beyond mere routine or the limits of office hours;" indeed, he continued to read the proof down to the beginning of his last illness. The *Index Medicus*, in which Dr. Billings and Dr. Fletcher were associated as editors, was begun as an extra-official publication in 1879, running through twenty-one volumes (1879-99). In 1903, it was revived, under the generous patronage of the Carnegie Institution of Washington, with Dr. Fletcher as editor-in-chief (1903.11).

During the years 1884-88, Dr. Fletcher was lecturer on medical jurisprudence at the Columbian University, Washington, D. C., and at the Johns Hopkins University from 1897 till 1903. He is described as a clear and attractive lecturer, very popular with his classes. He was president of the Anthropological, Philosophical and Literary Societies of Washington, as also of the Cosmos Club. Many honors were paid him in his later years, in particular the banquet given to him by leading members of the profession on January 11, 1906, and the unique award of the gold medal of the Royal College of Surgeons (1910), a distinction which had been conferred upon only eleven physicians in ninety years, most prominent of whom were Parkinson (1822), Thomas Bevil Paecock (1876), Sir Richard Owen, (1883), Sir W. J. Erasmus Wilson (1884), Sir James Paget (1897), and Lord Lister (1897). He also received honorary medical degrees from Colum-

bian University (1884), and from his original *alma mater* at Bristol, which he was pleased to obtain only a few days before his death. During his later years, he was the oldest living graduate of the London Hospital.

Dr. Fletcher was vigorous and active up to the last two years of his life. A severe attack of diphtheria in the spring of 1911 brought on a condition of enfeebled health, which he bravely weathered, but to which he gradually succumbed, dying on the morning of November 8, 1912. He was buried at Arlington with the honors commensurate with the military rank he had attained.

Dr. Fletcher was survived by a daughter, who is the wife of General Leon A. Matile, United States Army, and by his son, Captain Robert H. Fletcher, United States Army (retired), whose charming literary productions are well known. Another son, Lieutenant Arthur H. Fletcher, United States Navy, (retired), died in 1911.

During his long life, Dr. Fletcher was the author of many interesting contributions to the literature of anthropology and the history of medicine, which may be listed in chronological order, as follows: On Prehistoric Trephining and Cranial Amulets (1882), Paul Broca and the French School of Anthropology (1882), Human Proportion in Art and Anthropometry (1883), A Study of Some Recent Experiments in Serpent Venom (1883), Tattooing among Civilized People (1883), Myths of the Robin Redbreast in Early English Poetry (1899), The Vigor and Expressiveness of Older English (1890), The New School of Criminal Anthropology (1891), the Poet—Is He Born, Not Made? (1893), Anatomy and Art (1895), Brief Memoirs of Colonel Garrick Mallory, United States Army (1895), Medical Lore in the Older English Dramatists and Poets (1895), The Witches' Pharmacopoeia (1896), Scopelism (1897), A Tragedy of the Great Plague of Milan in 1630 (1898), William Whitney Gooding, (1900), A Rare Reprint of a Rare Work of Vesalius (1909), Columns of Infamy (1912), Diseases Bearing the Names of Saints (1912).

Of these, the monograph on "Prehistoric Trephining" (1882), the first handling of the subject in English, is a good example of his capacity for exhaustive research and directness of statement, containing everything known on the subject up to the time of its publication. As an instance, we may say that the cranial

mutilation which was first observed in prehistoric skulls by Manouvrier in 1895 and described by him as the "incipital T," was already noted by Dr. Fletcher, in 1882 (p. 28), as a common practice among the natives of the Loyalty Islands, as first described by the Rev. Samuel Ella, an English missionary in 1874. The "Tragedy of the Great Plague at Milan" (1898) is a remarkable piece of synthetic work, the story having been developed *ab initio* from a rare old Italian engraving. The paper on "Medical Lore in the Older English Dramatists and Poets" (1895) is the most scholarly and thoroughgoing treatment of the subject in English, forming, as it were, a medical pendant to Charles Lamb's immortal "Specimens" from the Elizabethan poets. Dr. Fletcher had a wonderfully retentive memory for poetic citations, often quoting the most recondite things offhand, and his papers on the poetry of his native land were perhaps those dearest to his heart. He was especially interested in bird lore, and he selected most of the poetic mottoes descriptive of birds in the Smithsonian Institute. It had been his cherished intention to enlarge his essay on the Robin Redbreast with the valuable material which he had collected through many years, and it is hoped that this paper will some day appear in extended form.

Up to the time of his last illness, Dr. Fletcher maintained a most active interest in recent advances in medicine and in scientific and secular literature. He read most modern books that were worth reading, and commented freely upon them. As he had a definite contempt for weakness of character and mental ineptitude, he thought but little of the muddle logic, the sentimental glorification of crime, which disfigures the writings of Nietzsche and his school. On being shown a portrait of the unfortunate Nietzsche, with the Crô-Magnon jaw and "eyes of a trapped wolf," he handed back the picture with the brief humorous comment: "Hardly the sort of man one would care to meet in the traditional dark lane on a rainy night."

In person, Dr. Fletcher was the tall, dignified, stately and *distingué* gentleman of the old school, much respected by old and young alike for his cheerful stoicism and military promptitude, his ready wit and courtly ways. In the relations of private life, he was most kindly and generous, even with little children, who always liked him. An Englishman, *de race*, he had the Saxon's strength of hand and independence of

the Western men, did not need his war-time experiences in the field to acquire a stoical disregard for pain and a fine sense of duty and loyalty. "He had," says Sir William Osler, "a rare gift for friendship. . . and all his colleagues at the Johns Hopkins Hospital were devoted to him. After his Jurisprudence lecture at the Johns Hopkins Hospital, at the hospitable board of the Director, Dr. Hurd, many of us would gather, delighted to hear of Dr. Fletcher's reminiscences of the profession, which went back to the forties. He had met Sir Astley Cooper, and he knew well the famous old men of the Bristol School, and could tell tales of the Middle West in the palmy days of Drake and Dudley and Caldwell. It was a rare treat to dine with him quietly at his club in Washington. He knew his Brillat-Savarin well, and could order a dinner that would have made the mouth of Coelius Apicius water."

The profession lost in Dr. Fletcher an accomplished scholar, whose work will be esteemed as long as medical bibliography is of importance; his friends and intimates miss one high-minded, honorable gentleman, one staunch and loyal friend.

FIELDING H. GARRISON, M.D.

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### Book Review.

*Diseases of Infancy and Childhood.* By HENRY KOPLIK, M.D. (Fourth Edition.) Philadelphia and New York: Lea & Febiger. 1918.

The third edition of this well-known book appeared in 1910. Many advances have been made in pediatrics since that time. These have been incorporated in this, the fourth edition, which is better even than the third, which was itself far superior to the two earlier editions. This edition, like the others, bears the stamp of the author's individuality. It is not simply a compilation of the views of others, but the expression of his own opinions and beliefs. It shows clearly how wide the author's clinical experience has been and what good use he has made of it. It would be easy, of course, to take exceptions to many minor points and to criticize many of the statements which are made. In general, however, nothing can be said of the text except in approval. The book should be of great value in the future, as in the past, to both students and practitioners.

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### NURSES' REGISTRATION BILL

FROM time to time it has been the custom of the JOURNAL to acquaint its readers with current legislation regarding the registration of nurses. This year an amendment to the nurses' bill is to come before the Legislature which provides: first, that nurses who shall be eligible to take the examinations must be graduates of a school approved by the Board; second, that all people who are to take care of the sick for pay, and who are not registered nurses, must have a license to practice as attendants; third, all attendants and nurses shall renew their licenses or registration annually. It will be seen that as a means of keeping track of the nursing resources of the state this amendment makes provision for emergency. Census taking never seems to give an accurate result and by making registration a mandatory law we shall know what we have to depend upon in sudden need. Formerly, it was not even necessary that candidates

for examination should be graduates of any training school and consequently at times women who for incompetency or misconduct had been discharged from a training school were, nevertheless, eligible for examination. However, a generous waiver will have to be made for the next year in order properly to include all people who have not registered previously, and who have graduated more than five years ago.

Following is a copy of a proposed act amending the Present law relative to the registration of nurses:

### AN ACT TO AMEND THE LAW RELATIVE TO THE REGISTRATION OF NURSES.

#### Section 1.

Section three of chapter four hundred forty-nine of the acts of the year nineteen hundred and ten is hereby amended by inserting after the word "character" in the ninth line, the words,—and a graduate of a training school for nurses approved by the board,—and by inserting after the word "fee" in the seventeenth line the words,—every person registered as a nurse or licensed attendant under this act shall, on or before the thirty-first day of December in each year, renew his or her registration or license for the ensuing year by payment of a fee of fifty cents to the board, and upon payment of the said fee it shall be the duty of the board to issue a voucher which shall show that the holder thereof is entitled to practice as a registered nurse or licensed attendant for the period of time covered by the said fee. Any person registered under this act as a registered nurse or licensed attendant who, in any year falls at the required time to renew his or her right to continue in the practice of nursing for hire by payment of the said annual fee, shall forfeit his or her right to practice until such payment shall have been made, but any person whose right has been forfeited by failure to pay the required fee of fifty cents, may make application for the restoration of his or her right, and upon payment of the required fee of fifty cents his or her petition may be granted; but such payment shall only authorize said applicant to practice nursing for the balance of the year for which the said payment should have been made,—and by inserting after the word "any" in the eighteenth line, the word,—registered,—and by inserting after the word "nurse" in the said eighteenth line, the words,—or licensed attendant,—and by inserting after the word "a" in the twentieth line, the word,—registered,—and by inserting after the word "nurse" in the said twentieth line, the words,—or a licensed attendant,—so as to read as follows:

Section 3. It shall be the duty of the said board, immediately upon its organization, to notify all persons engaged in the practice of nursing the sick of this commonwealth of the times, places and subjects of the examinations for registration, by publication in one or more newspapers in each county. Application for registration shall be made upon blanks to be furnished by the board, and shall be signed and sworn to by the applicants. An applicant for registration who shall furnish satisfactory proof that he or she is at least twenty-one years of age, and of good moral character and a graduate of a training school for nurses approved by the board, shall, upon the payment of a fee of five dollars, be examined by the said board, and, if found to be qualified, shall be registered, with the right to use the title Registered Nurse, and shall receive a certificate thereof from the board signed by the chairman and secretary. An applicant who fails to pass an examination

satisfactory to the board, and is therefore refused registration, shall be entitled, within one year after such refusal, to a re-examination at a meeting of the board called for the examination of applicants, without the payment of an additional fee. Every person registered as a nurse or licensed attendant under this act shall, on or before the thirty-first day of December in each year, renew his or her registration or license for the ensuing year by payment of a fee of fifty cents to the board, and upon payment of the said fee it shall be the duty of the board to issue a voucher which shall show that the holder thereof is entitled to practice as a registered nurse or licensed attendant for the period of time covered by the said fee. Any person registered under this act as a registered nurse or licensed attendant who, in any year fails at the required time to renew his or her right to continue in the practice of nursing for hire by payment of the said annual fee, shall forfeit his or her right to practice until such payment shall have been made; but any person whose right has been forfeited by failure to pay the required fee of fifty cents may make application for the restoration of his or her right, and upon payment of the required fee of fifty cents, his or her petition may be granted; but such payment shall only authorize the said applicant to practice nursing for the balance of the year for which the said payment should have been made. The said board may, after a hearing, by vote of a majority of its members, annul the registration and cancel the certificate of any registered nurse or licensed attendant; and without a hearing, may annul the registration and cancel the certificate of a registered nurse or licensed attendant who has been found guilty of a crime or misdemeanor. All fees received by the board shall once a month be paid into the treasury of the commonwealth.

Section 2. Section five of chapter four hundred forty-nine of the acts of the year nineteen hundred and ten is hereby amended by inserting after the word "shall" in the first line, the words,—have graduated at least five years previous to the passage of this act from a training school for nurses approved by the board, who shall,—and by striking out all the words after the word "she" in the fourth line, down to and including the word "school" in the sixth line, and inserting in place thereof, the words,—has had such experience,—and by inserting after the word "dollars" in the eighth line, the following,—any person in this commonwealth who is engaged in caring for the sick for hire, and who is not already registered under the provisions of chapter four hundred forty-nine of the acts of the year nineteen hundred and ten, or who is not entitled to registration under the provisions of section one of this act, or under the preceding provisions of this section, shall be required to file with the board upon blanks to be furnished by the board, satisfactory proof that he or she is of good moral character, and upon payment of a fee of fifty cents a certificate shall be issued to the applicant, signed by the secretary, which shall provide that the holder thereof is authorized to practice under the title "Licensed Attendant." In case of emergency the board may at its discretion waive temporarily the requirement of registration or issuing of licenses for those who are needed to care for the sick for hire,—so as to read as follows:

Section 5. Any resident of this commonwealth, who shall have graduated at least five years previous to the passage of this act from a training school for nurses approved by the board, who shall make application for registration within one year after the passage of this act, and who shall prove to the satisfaction of the board, by affidavit or otherwise, that he or she has had such experience as in the opinion of the board would justify registration, shall be registered without examination on the payment of a fee of five dollars. Any person in this commonwealth who is engaged in caring for the sick for hire, and who is not already registered under the provisions of

chapter four hundred forty-nine of the acts of the year nineteen hundred and ten, or who is not entitled to registration under the provisions of section one of this act, or under the preceding provisions of this section, shall be required to file with the board upon blanks to be furnished by the board, satisfactory proof that he or she is of good moral character, and upon payment of a fee of fifty cents a certificate shall be issued to the applicant, signed by the secretary, which shall provide that the holder thereof is authorized to practice under the title "Licensed Attendant." In case of emergency the board may at its discretion waive temporarily the requirement of registration or issuing of licenses for those who are needed to care for the sick for hire.

Section 3. Section ten of chapter four hundred forty-nine of the acts of the year nineteen hundred and ten is hereby amended by inserting after the word "nurse" in the second line, the words,—or licensed attendant,—and by inserting after the word "nurse" in the third line, the words,—or licensed attendant,—and by inserting after the letters "R.N." in the third line, the words,—or licensed attendant,—and by inserting after the word "registered" in the seventh line, the words,—by fraud,—and by inserting after the word "nurse" in the eighth line, the words,—or licensed attendant,—so as to read as follows:

Section 10. Whoever not being lawfully authorized to practice as a registered nurse or licensed attendant within this commonwealth practices or attempts to practice as a registered nurse or licensed attendant, or uses the abbreviation R.N. or the words licensed attendant, or any other words, letters or figures to indicate that the person using the same is a registered nurse or licensed attendant shall for each offence be punished by a fine of not more than one hundred dollars. Whoever becomes registered or attempts to become registered by fraud, or whoever practices or attempts to practice as a registered nurse or licensed attendant under a false or assumed name, shall for each offence be punished by a fine of not less than one hundred or more than five hundred dollars, or by imprisonment for three months or by both such fine and imprisonment.

Section 4. Section eleven of chapter four hundred forty-nine of the acts of the year nineteen hundred and ten is hereby amended by striking out all the words of the section after the word "family" in the second line, so as to read as follows:

Section 11. This act shall not apply to gratuitous nursing of the sick by friends or members of the family.

Section 5. This act shall take effect upon its passage.

#### RETURN OF HARVARD SURGICAL UNIT.

AFTER nearly four years of valuable service abroad, the Harvard Surgical Unit returned to Boston on January 30. After leaving France on January 7, the unit went to England, and was entertained in London, where several members of the unit were honored for their distinguished service. Lieutenant Colonel Hugh Cabot, chief surgeon and commander of the hospital, was made companion of the Order of St. Michael and St. George, and Captain Edward Harding, of Boston, received the Military Cross. The Royal Red Cross was awarded to the chief matron of the hospital, Mrs. Katharine Hagar, and to several of the nurses. Honorary commis-

sions in the Royal Army Medical Corps were given to all the members of the unit.

The work of the unit in France may be summarized briefly as follows:

"Something over 150,000 casualties have passed through to 22 General Hospital, up to Dec. 1, 1918. This is a greater number than the total reported wounded of the American Army in France.

"It was the policy of this hospital never to refuse to take a patient, and though the accommodations were often overstretched, the unit always found room for more.

"At one time during the German offensive of March, 1918, the hospital took in over 1200 patients in 24 hours and had in the hospital at that time over 3000."

The first contingent, headed by Dr. E. H. Nichols, and including 31 other surgeons and 75 nurses, went overseas in June, 1915, and took charge of British General Hospital No. 22, at Camiers. Since then replacements in membership have made it necessary to provide in all a force of between 400 and 500 surgeons and nurses. At different times, Dr. E. H. Nichols, Dr. David Cheever, Dr. Harvey Cushing, and Dr. Daniel F. Jones were at the head of the unit. But for the greater part of its life the unit has been under the leadership of Dr. Hugh Cabot as chief surgeon. Lieutenant Colonel Herbert H. White was the business administrator of the unit; Mrs. Katharine Hagar, of Wellesley, served as chief matron of the hospital.

The first official recognition of the return of the Harvard Surgical Unit was made at the Harvard Club of Boston on the evening of February 4, when a dinner was given to the members of the unit by the overseers of Harvard College, the directors of the Harvard Alumni Association, the Harvard Club, and those who have contributed to the support of the unit. President Lowell presided, and Henry Babbington Smith, K.C.B., and Lieutenant Colonel Hugh Cabot were the principal speakers.

We are glad to welcome home the members of the Harvard Surgical Unit, which has rendered to humanity an unselfish service of the highest character.

#### VENEREAL DISEASE CONTROL IN MASSACHUSETTS.

The accompanying diagram is presented by the State Department of Health as illustrative

of the progress of the reporting of gonorrhoea and syphilis in Massachusetts from the time the new regulations went into effect, Feb. 1st, 1918, to Nov. 1st, 1918. It may well be borne in mind that reporting was not in active operation until several weeks later.

|                 | GOONORRHOEA | SYPHILIS | TOTAL |
|-----------------|-------------|----------|-------|
| February .....  | 47          | 16       | 63    |
| March .....     | 982         | 376      | 1358  |
| April .....     | 835         | 415      | 1250  |
| May .....       | 787         | 334      | 1121  |
| June .....      | 815         | 330      | 1145  |
| July .....      | 750         | 285      | 1035  |
| August .....    | 828         | 360      | 1188  |
| September ..... | 609         | 298      | 907   |
| October .....   | 562         | 233      | 795   |
| November .....  | 771         | 365      | 1136  |
|                 | 7036        | 3012     | 10048 |

These figures bespeak the earnest cooperation of the members of the profession as a whole, though much remains to be accomplished before figures can be presented which will indicate with any degree of accuracy the prevalence of these diseases in our state. It may be well to bear in mind in relation to the Boston figures the fact that the larger clinics draw from a wide field, in some cases embracing all of New England.

A peculiar responsibility was thrown upon the shoulders of the medical profession when the decision was reached that syphilis and gonorrhoea should be made reportable by number only, the name of the patient becoming known only when he lapses treatment. It is the physician alone who holds the secret of the comings and goings of these carriers of disease; consequently it is to him that we must look for the close follow-up which alone can make this system a success,—and success it is proving to be in spite of some difficult points. Each individual physician can make it a bigger success and a greater boon to humanity at large by following every case which comes to his attention until he is satisfied that it is no longer a source of danger to the community. Failing in this the State Department is prepared to take up the trial where the practitioner has lost it. Attention is invited to Section 9 of the Regulations which permits *immediate* report by name when advisable in the estimation of the physician.

State approved and subsidized clinics are being established in twelve cities selected at some pains with a view to their accessibility. Those already in operation are indicated on the following list:—

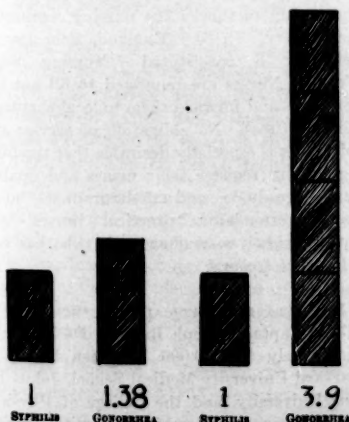
|              |                                |
|--------------|--------------------------------|
| Boston       | Massachusetts General Hospital |
|              | Boston Dispensary              |
|              | Mass. Homeopathic Hospital     |
|              | Boston City Hospital           |
| Brockton     | Brockton City Hospital         |
| Fall River   | Fall River City Hospital       |
| Lawrence     | Board of Health Clinics        |
| Lowell       | Corporation Hospital           |
| Lynn         | Lynn Hospital                  |
| Pittsfield   | House of Mercy Hospital        |
| Worcester    | Worcester City Hospital        |
| Fitchburg    |                                |
| Attleborough |                                |
| New Bedford  |                                |
| Springfield  |                                |
| Holyoke      |                                |

Arspenamine, manufactured in the State Laboratories, is available for all these clinics in amounts for the present limited to the treatment of infectious cases of syphilis, and in all free treatment (when conditions warrant) can be secured for gonorrhoea or syphilis, or both, in either sex. Evening pay clinics are available in several. To meet a demand for night examination, with special reference to Court cases, the Massachusetts Homeopathic Hospital has provided facilities in connection with its Venereal Ward recently opened for the accommodation of house cases in women.

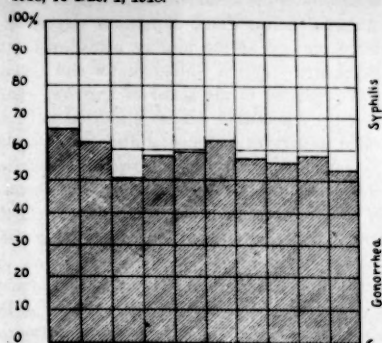
Physicians are urged to foster the growth of these Clinics in the interests of economy and efficiency as well as for the broader purpose of creating through them centers for public health work.

The State Laboratories are available for diagnostic purposes without cost. The Wassermann

RATIO OF SYPHILIS TO GONORRHEA.

REPORTS TO MASS. STATE  
DEPT. OF HEALTHUNSELECTED CASES, IN-  
CLUDING ARMY

MASSACHUSETTS—PER CENT. OF SYPHILIS AND GONORRHEA AS SHOWN BY CASES REPORTED FROM FEB. 1, 1918, TO DEC. 1, 1918.



Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov.

Average Ratio—Syphilis : Gonorrhea :: 1 : 1.38.

Laboratories, located at the Harvard Medical School, are prepared to make Wassermann tests upon receipt of specimens, while smears will be examined at the State Department Bacteriological Laboratories. Containers will be supplied upon request.

## MEDICAL NOTES.

## ROYAL MEDICAL COLLEGE OF BANGKOK.—Dr.

A. G. Ellis, associate professor of pathology at Jefferson Medical College, will proceed to Siam to organize the department of pathology in the Royal Medical College at Bangkok. The exact date of his departure has not been determined, and is contingent upon the return of Dr. W. M. L. Coplin, professor of pathology, who is with the American Expeditionary Forces in France, having charge of the organization of the hospital laboratories.

## PROMOTION OF DR. SHOEMAKER.—Dr. William

T. Shoemaker, of Philadelphia, in recognition of his services as ophthalmologist of Base Hospital Unit No. 10, from the Pennsylvania Hospital, which he accompanied to France in May, 1917, has been appointed ophthalmologist to all American hospitals in England, and recently left France to enter upon his new duties. The new appointment carries with it the rank of lieutenant colonel, and he has been recommended for the promotion.

**ESTABLISHMENT OF NEW JOURNAL OF NEUROLOGY.**—At the session of the American Medical Association last June, a petition signed by a large number of the leading neurologists and psychiatrists of the United States and Canada was presented to the board of trustees, asking that the Association publish a journal to be devoted to nervous and mental diseases, on a plan similar to that on which the *Archives of Internal Medicine* and the *American Journal of Diseases of Children* are published. The board held the matter under advisement until its October meeting, at which time it acted favorably on the petition, and authorized the publication of such a journal. The journal will be known as the *Archives of Neurology and Psychiatry*. The following were appointed as the editorial board: Dr. Pearce Bailey, New York, adjunct professor and assistant professor of neurology at Columbia University College of Physicians and Surgeons, New York; Dr. Augustus Hoeh, now of Montecito, Calif., formerly professor of clinical medicine, department of psycho-pathology at Cornell University Medical College; Dr. Hugh T. Patrick, Chicago, clinical professor of nervous and mental diseases, Northwestern University Medical School; Dr. E. E. Southard, Boston, professor of neurology, Medical School of Harvard University; Dr. Frederick Tilney, professor of neurology, Columbia University College of Physicians and Surgeons, New York; Dr. T. H. Weisenburg, Philadelphia, professor of neuropathology and clinical neurology, University of Pennsylvania School of Medicine.

**APPOINTMENT OF DR. MARTIN.**—Dr. Edward Martin, major in the Medical Reserve Corps and stationed at a camp in Georgia, has been elected emeritus professor of surgical physiology at the University of Pennsylvania.

**HONOR FOR MAJOR GENERAL WILLIAM C. GORGAS.**—Major General William C. Gorgas, former Surgeon General of the United States Army, has been made a grand officer of the Order of the Crown of Italy, in recognition of his distinguished service in behalf of military sanitation. The order was presented by Major General Emilio Guglielmotti, military attaché of the Royal Italian Embassy. The presentation ceremony took place in the office of the Surgeon General on November 5.

**RESIGNATION OF PROFESSOR NELLIS B. FOSTER.**—Professor Nellis B. Foster, Lieutenant Colonel in the Medical Corps of the United States Army, has resigned as professor of medicine and dean of the school of medicine of the University of Michigan, because he expects that military duties will detain him for an indefinite period.

**RESIGNATION OF DR. L. BAUMANN.**—The resignation of Dr. L. Baumann, assistant professor and director of research in the department of internal medicine of the University of Iowa, will take effect at the end of the present college year.

**FRENCH TITLE FOR DR. SIMON FLEXNER.**—Dr. Simon Flexner, director of the Laboratories of the Rockefeller Institute for Medical Research, has been honored by the French Government. He has been elected a corresponding member of the Société des Hôpitaux de Paris, and the title of Officier de Legion d'Honneur has been conferred upon him.

**RETURN OF BRIGADIER GENERAL WILLIAM S. THAYER.**—Brigadier General William S. Thayer will return from his service in France within a few days, and will resume his duties as professor of medicine of the Johns Hopkins Medical School. Dr. Thayer will succeed Dr. Theodore C. Janeway, who died several months ago while serving on the staff of the Surgeon General.

**RED CROSS CENSUS OF NURSES.**—At the request of the Secretary of War and the Surgeon General of the Army, the American Red Cross has undertaken to survey the nursing resources of the country. In New England, February 1 to February 8 constituted "Nursing Survey Week." Nurses are requested to fill out questionnaires and forward them to local chapters of the Red Cross. No obligation of service is involved. It is especially desirable that the following persons register their names and qualifications: graduate and undergraduate nurses, trained attendants, practical nurses, pupil nurses, midwives, and everyone who has taken a Red Cross course.

**REQUESTS FOR MEDICAL RESEARCH.**—By the will of Captain Joseph Raphael De Lamar, approximately \$20,000,000 has been left to the Harvard University Medical School, Johns Hopkins University, and the College of Physicians and Surgeons of Columbia University, for medi-

cal research into the cause of disease and into the principles of correct living. The following clause describes the purposes for which this money is to be used:

"For the study and teaching of the origin of human disease and the prevention thereof; for the study and teaching of dietetics and of the effect of different food and diets on the human system, and how to conserve health by proper food and diet, and in connection with the foregoing purposes to establish and maintain fellowships, instructorships, scholarships and professorships; to construct, maintain and equip laboratories, clinics, dispensaries and other places for such study and research and to provide proper housing of same; to publish and disseminate the results of such study and research, not only in scientific journals and for physicians and scientists, but also, and this I especially enjoin on the legates, by popular publications, public lectures, and other appropriate methods to give to the people of the United States generally the knowledge concerning the prevention of sickness and disease, and also concerning the conservation of health by proper food and diet."

**COMMISSION FOR STUDY OF INFLUENZA.**—A commission to study and report on the cause, prevention, and treatment of influenza has been appointed by Governor Whitman of New York. It is hoped that the scientific information which has been collected by the New York State Department of Health and other sources may be correlated and made available to health officials and to the medical profession. Among those who have been invited to serve on this commission are the surgeon generals of the United States Army, Navy, and Public Health Service, Dr. Rufus Cole, Dr. Walter B. James, president of the Academy of Medicine, New York City; Dr. Hermann M. Biggs, New York state commissioner of health, and Professor William H. Park, director of the Research Laboratories, New York City, Department of Health.

**VETERINARY RECONSTRUCTION COMMITTEE.**—A committee of five from the United States and one of three from Canada have been appointed by the American Veterinary Medical Association to assist in the war departments of the two countries and to help solve veterinary reconstruction problems.

**MEDICAL STUDENTS IN SWITZERLAND.**—During the summer semester of 1918, there were enrolled

in the five universities of Switzerland 1,725 students of medicine, distributed as follows: Bâle, 220 (174 Swiss, of whom 15 were women, and 46 foreign, of whom 4 were women); Berne, 385 (242 Swiss, of whom 29 were women, and 143 foreign, of whom 16 were women); Geneva, 381 (163 Swiss, of whom 16 were women, and 218 foreign, of whom 58 were women); Lausanne, 225 (159 Swiss, of whom 13 were women, and 66 foreign, of whom 16 were women); Zurich, 504 (350 Swiss, of whom 56 were women, and 154 foreign, of whom 16 were women).

**AN INTER-ALLIED FELLOWSHIP OF MEDICINE.**—At a meeting of the Royal Society of Medicine on December 4, the desirability of forming an association for promoting the coöperation in medicine among English-speaking countries, but not limited to them, was considered. In a recent issue of *Science* there is printed a report of Mr. J. Y. W. MacAlister, in which he expresses the belief that the coming together of medical men from America and all parts of the British Dominions should be utilized to organize some form of permanent organization which would result in a closer union between the English-speaking peoples through the medium of the medical profession.

A circular stating the aims of such an association was prepared and sent to the leading members of the medical profession in England, Canada, and the United States, and was cordially received. It was then issued to a wider public and many gratifying and encouraging letters were received. The question of finance has hindered practical progress, but it is believed that if a definite and approved scheme is prepared, it may be possible to obtain financial assistance from private persons.

**UNITED STATES BIRTH STATISTICS FOR 1916.**—In a recent issue of *Science*, the following birth statistics have been published:

In the recently established birth-registration area of the United States—comprising the six New England States, New York, Pennsylvania, Maryland, Michigan, Minnesota, and the District of Columbia, with an estimated population of 33,000,000, or about 32 per cent. of the total population of the United States—818,983 infants were born alive in 1916, representing a birth rate of 24.8 per 1,000 of population. The total number of deaths in the same area was 486,682, or 14.7 per 1,000. The births thus exceeded the

deaths by more than 68 per cent. The mortality rate for infants under one year of age averaged 101 per 1,000 living births. The infant-mortality rates vary greatly for the two sexes and for the various nationalities.

The birth rate for the entire registration area fell below that for 1915 by one tenth of 1 per 1,000 population; while the death rate exceeded that for 1915 by seven tenths of 1 per 1,000. The excess of the birth rate over the death rate for 1916, 10.1 per 1,000, was thus a little less than the corresponding excess for 1915, which was 10.9 per 1,000.

Of the total number of births reported, 799,817, or 24.9 per 1,000, were of white infants, and 19,166, or 22.8 per 1,000, were of colored infants. The death rates for the two elements of the population were 14.5 and 24.4 per 1,000, respectively. The number of children born to white foreign-born mothers exceeded the number born to native white mothers.

**AMERICAN RED CROSS TUBERCULOSIS UNIT FOR ITALY.**—The second contingent of the American Red Cross Tuberculosis Department, of which Miss Mary Thornton Davis and Miss Ethel Nichols of Boston, are members, has arrived in Rome.

Miss Davis, Miss Nichols, and the other members of the party, numbering 18 social service and public health experts, made the trip by way of Genoa. Miss Davis and Miss Nichols, who belong to the Instructive District Nurses' Association in Boston, have been assigned to the nurses' staff and will begin work in Genoa at once.

Other Bostonians, who came with the first party in October, are Seymour H. Stone, field secretary, Miss Isabel Hall, public health nurse, and Morgan H. Stafford, assistant business manager.

A survey of health conditions throughout Italy has just been completed by this Department. A train of American-made automobile dispensaries will be put into operation in the northern provinces.

**SOCIÉTÉ MÉDICALE DES HÔPITAUX DE PARIS.**—The Société Médicale des Hôpitaux de Paris elected at a recent meeting, as corresponding members: Dr. Alexander Lambert, the president-elect of the American Medical Association, director of the medical service of the American Red Cross in France; Colonel James T. Case,

editor of the *American Journal of Radiology* and chief of the radiologic service of the American Army in France; Professor William S. Thayer of Johns Hopkins, consultant to the American Expeditionary Force; Professor Morton Prince of Tufts College; Dr. Simon Flexner, director of the Rockefeller Institute for Medical Research, and Professor Beverley Robinson of the University and Bellevue Hospital, New York, a former intern of the Paris hospitals. At the same time, five British physicians were also elected: Sir Almroth Wright, Sir Bertrand Dawson, Sir Thomas Barlow, Sir Dyce Duckworth and Sir William Leishman.

**MEDICAL COLLEGES IN MILITARY ZONE.**—Medical colleges have been organized in the military zone in France to be attended by military men and to teach military medicine. One of these colleges will be near Rheims where there are already 3,000 beds and 70 students. The curriculum comprises surgery, medicine, histology, and medical physics.

**MEDICAL COLLEGE IN PEKING, CHINA.**—The medical college in Peking, China, under the auspices of the Rockefeller Foundation, which is now under construction, will cost \$6,000,000, and will be open in 1920. Eighteen university buildings, forty faculty residences, and a hospital with 200 beds will be constructed. A medical school will also be established at Shanghai and subsidiary medical stations will be established throughout China. Subsidies will be granted to existing missionary hospitals which will be standardized and will offer internships for the university. The work will require a total expenditure of \$10,000,000 with an additional \$250,000 to \$500,000 annually for support.

**OFFICERS OF THE AMERICAN PUBLIC HEALTH ASSOCIATION.**—The officers of the American Public Health Association elected at the Chicago meeting are: President, Lee K. Frankel, New York City; Vice-presidents, Colonel John W. S. McCullough, Toronto, Ontario; Colonel Victor C. Vaughan, Ann Arbor, Mich.; and Dr. John D. Robertson, Chicago; Secretary, A. W. Hedrick, Boston; Treasurer, Dr. Guilford H. Sumner, Des Moines, Iowa, and Executive Committee, Drs. Allan J. McLaughlin, U.S.P.H.S., Washington, D. C.; Charles J. C. O. Hastings, Toronto; Peter H. Bryce, Ottawa; John N. Hurty, Indianapolis, Ind., and William C. Woodward, Boston. The Association will meet next year in New Orleans.

## BOSTON AND MASSACHUSETTS.

**WEEK'S DEATH RATE IN BOSTON.**—During the week ending February 1, 1919, the number of deaths reported was 291, against 262 last year, with a rate of 19.05, against 17.42 last year. There were 31 deaths under one year of age, against 32 last year.

The number of cases of principal reportable diseases were: diphtheria, 53; scarlet fever, 44; measles, 8; whooping cough, 12; typhoid fever, 3; tuberculosis, 47.

Included in the above were the following cases of non-residents: diphtheria, 5; scarlet fever, 10; tuberculosis, 4.

Total deaths from these diseases were: whooping cough, 1; tuberculosis, 16.

Influenza cases, 501; non-residents, 0. Influenza deaths, 73; non-residents, 13.

## INFLUENZA IN BOSTON AND MASSACHUSETTS.—

On January 29, 94 new cases of influenza and 11 of pneumonia with 15 deaths from influenza and 10 from pneumonia were reported in Boston. These figures indicate a decrease in the number of deaths, and a slight increase in the cases reported.

On January 30, 77 new influenza cases with 11 deaths and 9 cases of pneumonia with 4 deaths were reported to the Boston Health Department.

On January 31, 63 cases of influenza and nine of pneumonia, with 10 deaths from influenza and 6 from pneumonia, were reported to the Boston Health Department. On February 1 there were reported 60 cases of influenza and 10 of pneumonia, with 3 deaths from influenza and 2 from pneumonia.

For the week ending on February 1, 501 cases of influenza were reported, against 932 for the previous week. There were 73 deaths, compared with 117 for the preceding week.

In Blackstone, there are nearly 150 cases of influenza or severe colds, and the schools have been closed.

**CITY HOSPITAL UNIT.**—It is expected that the City Hospital unit, which served in the war as Base Hospital No. 7, will return to America next month. The unit, organized by Lieut.-Col. John J. Dowling, Superintendent of the City Hospital, went overseas in July, 1918. Its personnel of 24 doctors, 100 nurses, and 200 enlisted men, is almost wholly from Greater Boston.

**FUND FOR STUDY OF INFLUENZA.**—The trustees of the Boston City Hospital have asked Mayor Peters for a special appropriation, not to exceed \$3000, for the study of the treatment of influenza. The need of scientific study of this disease is recognized. The City Hospital receives so many patients that the opportunities for study at this hospital are unusually great. Dr. Sears of the City Hospital, is reported to have said:

"The apparently successful results obtained at the Naval Hospital in Chelsea, by the use of serum from convalescent patients, have raised the hopes of the medical profession and the community that an effective treatment of influenza-pneumonia has been found, but the figures on which their results have been based have been too few for final judgment. Its value can be determined only after it has been used in a large number of cases under careful observation and study, and subject to critical analysis. The excessive mortality rate, which no other method of treatment has so far influenced, appears to the trustees to justify them in making this request for a special appropriation in the hope that more of the unfortunate victims of the present plague may be saved."

**INFLUENZA TESTS AT GALLOP'S ISLAND.**—As a continuation of tests made in California and Boston Harbor last year in the effort to ascertain the cause and modes of transmission of influenza, the Government is to conduct further investigation at Gallop's Island. Fifty sailors have volunteered for this service. A group of five experts, headed by Professor Milton J. Rosenau of Harvard Medical School, and including two physicians of the United States Navy and two of the United States Public Health Service, will have charge of the experiments. Both of the former Government tests proved negative in spite of the fact that the volunteers ate food in which influenza germs had been placed and submitted to the dropping of germs in their throats. The details of the experiments have been worked out and the tests will be thorough and will extend over a period of several weeks. Volunteers have already been sent to the island.

**INFLUENZA-PNEUMONIA SERUM.**—The following letter has been issued to members of the profession by the State Department of Health:

"The Committee appointed by Dr. Eugene R. Kelley to investigate the merits of

the serum obtained from convalescent influenza-pneumonia patients for the treatment of influenza-pneumonia, has reported that it 'believes it is a promising method which should be tried further.' Hospital reports and reports from private physicians strongly indicate that the procedure is of unusual value in the treatment of influenza pneumonia cases. So convincing is this evidence that the State Department of Health has obtained necessary funds to place trained technicians in various cities where they will demonstrate the methods used for the collection, preservation, and administration of the serum to all doctors who wish to avail themselves of this opportunity. Should you desire to confer with these physicians, write to the State Department of Health and the name and address of our nearest technician will be forwarded to you by return mail.

"The procedure in itself is without harm either to the patient or donor. No bad results are recorded either from withdrawing the blood or in the administration of the serum.

"To achieve the best results in the use of this serum it must be given early and to properly selected cases.

"Your coöperation in this matter is earnestly solicited."

The procedure which technicians should follow is outlined in a circular accompanying this communication:

#### PROCEDURE FOR TECHNICIANS TO FOLLOW.

##### I. Selection of Donors:

- A. Donors must be known convalescents from influenza-pneumonia.

This is indicated by history sheets showing—

- a. Temperature—fever for more than four days.
  - b. Leucocyte count—not over 10,000.
  - c. History of physical findings.
- B. A Wassermann test must be done and must be undoubtedly negative.
- C. Donors must have completed at least 10 days of convalescence with a normal temperature and not have exceeded 30 days from beginning of convalescence.

##### II. Selection of Patients:

- A. Serum should not be given to any patient who has not developed influenza-pneumonia.

- B. To be most efficacious, the serum must be given early. It is practically useless in late or moribund cases.
- C. No serum should be given unless the patient will agree to furnish some blood in return for that given.
- D. No serum should be given to those patients presenting a white count of over 10,000 or having a fixed type of pneumococcal sputum.

##### III. Collection of Blood from Patient:

- A. Sufficient blood for a Wassermann test should be taken at the time of administration from each case receiving serum. This specimen should be sent for examination at once.
- B. Blood should not be taken before the tenth day of convalescence. Not over 500 cubic centimeters should be taken at one time.
- C. The patient should not be bled more than twice and at least 48 hours should elapse between bleedings.

##### IV. Procedure for Preparing Blood:

To be shown at demonstration.

##### V. Procedure for administering the Serum.

To be shown at demonstration.

### The Massachusetts Medical Society.

The next annual meeting of the Massachusetts Medical Society will be held in the Copley Plaza Hotel, Boston, June 3rd and 4th, 1919.

#### STATED MEETING OF THE COUNCIL.

FEBRUARY 5, 1919.

A STATED meeting of the Council was held in John Ware Hall, Boston Medical Library, Wednesday, February 5, 1919, at 12 o'clock, noon. The President, Dr. Samuel B. Woodward, was in the chair and the following 76 Councillors were present:

|                                |                                    |
|--------------------------------|------------------------------------|
| BERKSHIRE,<br>Henry Colt.      | MIDDLESEX NORTH,<br>W. B. Jackson. |
| BRISTOL NORTH,<br>W. H. Allen. | W. P. Lawler.                      |
| BRISTOL SOUTH,<br>E. F. Cody.  | M. A. Tighe.                       |
| ESSEX NORTH,<br>R. V. Baketel. | MIDDLESEX SOUTH,<br>M. H. Bailey.  |
| F. D. McAllister.              | F. E. Bateman.                     |
| ESSEX SOUTH,<br>C. H. Bangs.   | E. H. Bigelow.                     |
| R. E. Foss.                    | C. H. Cook.                        |
| H. K. Foster.                  | C. A. Dennett.                     |
| W. T. Hopkins.                 | A. A. Jackson.                     |
| E. Poirier.                    | S. R. Lancaster.                   |
| HAMPDEN,<br>T. S. Bacon.       | Edward Mellus.                     |
| J. P. Schneider.               | C. E. Mongan.                      |
| MIDDLESEX EAST,<br>H. A. Gale. | C. F. Painter.                     |
| E. S. Jack.                    | F. W. Rice.                        |
| G. N. P. Mead.                 | Godfrey Ryder.                     |
|                                | E. H. Stevens.                     |
|                                | A. K. Stone.                       |
|                                | G. L. West.                        |
|                                | NORFOLK,<br>E. H. Brigham.         |

A. N. Broughton.  
W. L. Burrage.  
G. W. Clement.  
H. W. Dana.  
C. B. Faunce.  
G. W. Kaan.  
Bradford Kent.  
T. J. Murphy.  
D. T. O'Keefe.  
H. H. Powers.  
S. H. Rubin.  
NORFOLK SOUTH,  
C. S. Adams.  
G. H. Ryder.  
PLYMOUTH,  
Gilman Osgood.  
A. E. Paine.  
SUTTON,  
J. B. Blake.  
E. S. Boland.  
G. W. W. Brewster.  
J. A. Cogan.  
E. A. Crockett.  
E. G. Cutler.

Albert Ehrenfried.  
C. M. Green.  
W. C. Howe.  
J. L. Morse.  
Anna G. Richardson.  
Stephen Rushmore.  
G. C. Smith.  
Mary A. Smith.  
R. M. Smith.  
WORCESTER,  
W. L. Johnson.  
F. H. Baker.  
W. P. Bowers.  
M. F. Fallon.  
R. W. Greene.  
David Harrower.  
G. O. Ward.  
F. H. Washburn.  
S. B. Woodward.  
WORCESTER NORTH,  
E. L. Fiske.  
A. P. Johnson.  
E. A. Sawyer.

Charles Petit DeLange, of Lynn.

4. That the vote of the Council on October 2, 1918, whereby the following named Fellow was deprived of the privileges of fellowship, under the provisions of Chapter I, Section 8, of the by-laws, be rescinded, because it is now known that he was then, and is believed to be now, in the service of his country:

Frederick Artemas Simonds, formerly of Cambridge.

5. That the following named Fellow, under the provisions of Chapter I, Section 6, of the by-laws, and on recommendation of the Treasurer, be granted remission of dues for the years 1917 and 1918, he having paid the dues of the three preceding years:  
Eugene Thomas Galligan, of Roxbury.

For the Committee on Membership and Finance,

CHARLES M. GREEN, *Chairman*.

The Treasurer presented his annual report and handed about copies of an abstract for the use of the Councilors.

A report of the Auditing Committee and a letter from Horace C. Hartshorn, certified public accountant, were read by Dr. R. W. Greene. After a few questions the reports of the Treasurer and Auditing Committee were duly accepted by vote.

Dr. C. M. Green for the Committee on Membership and Finance announced that, by transferring one account to another, the Society had lived within the budget presented last year. He then presented the budget for the year 1919, including three plans for the use of the unappropriated balance of \$4500. (See Budget, page 232). After some discussion, it was duly moved and seconded that the budget through the item "Unappropriated Balance" be accepted, and it was so voted. The plans presented for spending the unappropriated balance were discussed by the Council. The question as to how the dividends are apportioned to the district societies was raised by Dr. E. S. Jack. The President read Section 3 of Chapter VII of the By-Laws covering this point. Concerning a vote passed by the Middlesex South District Medical Society January 29, 1919, to the effect that members dropped for non-payment of dues, while in the service, be restored, the President called attention to the provisions of Section 8, Chapter I of the By-Laws, which specifies the method of restoring members who have been dropped. On motion by Dr. Green, duly seconded, it was voted that, in accordance with plan No. 1 of the budget, the sum of \$2500 be devoted to dividends to the several district societies, and that the sum of \$2000 be an appropriation for the Committee of Arrangements. On motion, duly seconded, the report of the Committee of Arrangements was taken from the table and it was voted that it be accepted and its recommendations adopted.

On motion by Dr. Edward Mellus, it was voted that if Fellows who were in the service and thereby by vote of the Society exempt from the payment of dues, should pay their dues, that those dues be credited to the district societies in which the Fellows had membership.

The committees appointed to consider the petitions for restoration to fellowship of Henry Tol-

On motion, duly seconded, it was voted that the record of the last meeting be approved as printed.

Dr. J. L. Huntington reported a tentative plan for the next annual meeting of the Society. He said that now the war was over, it seemed best to return to the previous custom, and he proposed that a two-day meeting be held at the Copley-Plaza Hotel, Boston, Tuesday and Wednesday, June 3 and 4, to terminate with a dinner. The date was placed for the first Wednesday in June rather than the second Wednesday because of a conflict with the date of the meeting of the American Medical Association at Atlantic City, June 9 to 13. He sketched a program of the meeting similar to that of two years ago. It was moved and seconded that the report be accepted and its recommendations adopted. Dr. C. M. Green moved that the matter lie on the table until the financial status of the Society had been considered and discussed, and it was so voted.

Dr. Green presented the report of the Committee on Membership and Finance as regards membership and it was adopted by vote.

#### REPORT OF THE COMMITTEE ON MEMBERSHIP AND FINANCE AS TO MEMBERSHIP.

The Committee on Membership and Finance makes the following recommendations as to membership:

1. That the following named Fellows be allowed to retire, under the provisions of Chapter I, Section 5, of the by-laws:

Richard Hogner, 365 Massachusetts Avenue, Boston.  
Thomas Kittredge, of Salem.  
Joseph Augustus Langlois, of Pittsfield, with remission of dues for 1915, 1916, 1917, and 1918.  
Herbert Frank Pitcher, of Haverhill.

2. That the following named Fellows be allowed to resign, under the provisions of Chapter I, Section 7, of the by-laws:

John Thornton Bullard, formerly of New Bedford, with remission of dues for 1918.  
Louis Herbert Burlingham, of St. Louis, Missouri, with remission of dues for 1918.  
Frank Leslie Burt, of Peabody, on recommendation of the Committee on Ethics and Discipline.

3. That the following named Fellow be granted further remission of dues, under the provisions of Chapter I, Section 6, of the by-laws, and on recommendation of his District Treasurer:

man, Jr., Harris S. Pomeroy, G. A. Crittendon and E. J. Cotter, reported to the Council favorable to the petitioners and their recommendations were adopted. In the case of Harvey A. Field, the report of the committee recommended that he be not restored to fellowship, and the report was accepted by the Council by unanimous vote.

The petition of R. H. Thompson for restoration to the privileges of fellowship was referred to the following committee, nominated by the President: C. D. McCarthy, C. E. Prior, Godfrey Ryder.

The petition of P. P. McGann for restoration was referred to the following committee, nominated by the President: T. M. Durrell, C. F. McCaffrey, G. A. Miles.

The petition of P. F. Ela for restoration was referred to the following committee, nominated by the President: W. L. Johnson, G. T. Little, C. H. Harriman.

On motion by the President the following delegates were appointed by the Council:

To the House of Delegates, American Medical Association, for two years:

F. B. Lund, E. F. Cody.

Alternates: W. H. Robey, Jr., F. W. Anthony.

To the Annual Meetings of these state medical societies:

Maine: F. H. Thompson, C. A. Dennett.

New Hampshire: C. D. McCarthy, E. N. Libby.

Connecticut: A. R. Crandell, H. T. Baldwin.

Rhode Island: G. O. Ward, W. A. Dolan.

The President read obituaries of Alfred Atwater MacKeen of Whitman, a Councillor of the Society for fifteen years, and of Frederic Weston Taylor of Cambridge, Vice-President of the Society in 1916-17 and also a member of the Committee on Membership and Finance since 1913. Dr. Green spoke of the faithful attendance of Dr. Taylor at the meetings of the Committee on Membership and Finance and of the loss the Society would suffer by his death.

Adjourned at 1 P.M.

WALTER L. BURRAGE, *Secretary*.

#### TREASURER'S REPORT.

SHOWING THE ASSETS AND LIABILITIES OF THE  
MASSACHUSETTS MEDICAL SOCIETY  
DECEMBER 31, 1918.

| Schedule A                                                          |            |                    | LIABILITIES.                                               |                    |
|---------------------------------------------------------------------|------------|--------------------|------------------------------------------------------------|--------------------|
|                                                                     | ASSETS.    |                    |                                                            |                    |
| <b>Cash</b>                                                         |            |                    | <b>Endowment Funds</b>                                     |                    |
| New England Trust Co. ....                                          | \$2,264.46 |                    | Shattuck Fund (G. C. Shattuck, 1854. Balance, 1896) ..     | \$9,166.87         |
| Old Colony Trust Co. ....                                           | 3,195.37   | \$5,460.03         | Phillips Fund (Jonathan Phillips, 1860) ..                 | 10,000.00          |
| <b>Investments</b>                                                  |            |                    | Cotting Fund (B. E. Cotting, \$1,000, 1876, 1881, 1887) .. | 3,000.00           |
| Shattuck Fund                                                       |            |                    | Emmons and Associates Fund ..                              | 452.25             |
| Annuity Policy Mass. Hospital Life Ins. Co. ....                    | 9,166.87   |                    | Fund for Professorship of Military Medicine ..             | 300.00             |
| Phillips Fund                                                       |            |                    |                                                            |                    |
| Mass. 3½% Gold Bonds...                                             | 10,000.00  |                    |                                                            | \$22,919.12        |
| Cotting Fund                                                        |            |                    | <b>Surplus</b>                                             |                    |
| Deposit in Institution for Savings in Roxbury and Vicinity ..       | 1,000.00   |                    | Balance January 1, 1918 ...                                | 26,932.35          |
| Deposit in Provident Institute for Savings in the Town of Boston .. | 1,000.00   |                    | Excess of Receipts over Expenses Schedule B ..             | 1,403.21           |
| Deposit in Suffolk Savings Bank for Seamen and Others, Boston ..    | 1,000.00   |                    |                                                            | 28,335.56          |
| Fund for Professorship of Military Medicine                         |            |                    |                                                            |                    |
| Liberty Bonds — Second Issue 4% ..                                  | 300.00     |                    |                                                            |                    |
| <b>Permanent Fund</b>                                               |            |                    |                                                            |                    |
| Annuity Policy of Mass. Hospital Life Ins. Co. ....                 | 11,253.30  |                    |                                                            |                    |
| Mass. 3½% Gold Bonds ..                                             | 6,000.00   |                    |                                                            |                    |
| Deposit in Franklin Savings Bank of the City of Boston ..           | 1,074.48   |                    |                                                            |                    |
| Liberty Bonds—First Issue 3½% ..                                    | 5,000.00   | \$45,704.65        |                                                            |                    |
| <b>Total .....</b>                                                  |            | <b>\$51,254.68</b> | <b>Total .....</b>                                         | <b>\$51,254.68</b> |

STATEMENT SHOWING THE CURRENT ACCOUNT OF THE MASSACHUSETTS MEDICAL SOCIETY  
FOR THE YEAR ENDING DECEMBER 31, 1918.

#### Schedule B

#### CREDIT

|                                   |          |
|-----------------------------------|----------|
| Dues paid to District Treasurers. |          |
| Barnstable .....                  | \$125.00 |
| Berkshire .....                   | 345.00   |
| Carried forward .....             | \$470.00 |

|                                                                    |          |             |
|--------------------------------------------------------------------|----------|-------------|
| Brought forward .....                                              | \$470.00 |             |
| Bristol North .....                                                | 310.00   |             |
| Bristol South .....                                                | 610.00   |             |
| Essex North .....                                                  | 784.00   |             |
| Essex South .....                                                  | 1,070.00 |             |
| Franklin .....                                                     | 195.00   |             |
| Hampden .....                                                      | 780.00   |             |
| Hampshire .....                                                    | 255.00   |             |
| Middlesex East .....                                               | 345.00   |             |
| Middlesex North .....                                              | 444.00   |             |
| Middlesex South .....                                              | 2,318.00 |             |
| Norfolk .....                                                      | 2,280.00 |             |
| Norfolk South .....                                                | 310.00   |             |
| Plymouth .....                                                     | 475.00   |             |
| Suffolk .....                                                      | 3,340.00 |             |
| Worcester .....                                                    | 1,323.00 |             |
| Worcester North .....                                              | 400.00   | \$15,709.00 |
| Dues paid to Treasurer .....                                       | 1,094.00 |             |
| Less return of overpaid assessments .....                          | 15.00    | 1,079.00    |
| Total Dues .....                                                   |          | \$16,788.00 |
| Income Shattuck Fund .....                                         |          | 779.18      |
| Income Phillips Fund .....                                         |          |             |
| Massachusetts 3½% Gold Bonds .....                                 |          | 350.00      |
| Income Cotting Fund .....                                          |          |             |
| Interest Institution for Savings in Roxbury and its Vicinity ..... | 77.84    |             |
| Interest the Provident Institution for Savings .....               | 58.58    |             |
| Interest Suffolk Savings Bank .....                                | 80.40    | 216.82      |
| Income Permanent Fund .....                                        |          |             |
| Annuity Policy Mass. Hosp. Life Ins. Co. (2 years) .....           | 956.54   |             |
| Massachusetts 3½% Bonds .....                                      | 210.00   |             |
| Interest Franklin Savings Bank .....                               | 88.96    | 1,255.50    |
| Emmons and Associates Fund .....                                   |          |             |
| Donations for salary and expenses of Society's agent .....         |          | 431.06      |
| Income from Deposits in Banks .....                                |          |             |
| New England Trust Co. ....                                         | 178.93   |             |
| Old Colony Trust Co. ....                                          | 55.43    | 234.36      |
| Total .....                                                        |          | \$20,654.92 |

## DEBIT.

|                                             |          |             |
|---------------------------------------------|----------|-------------|
| General Expense .....                       |          |             |
| President's expense .....                   | \$43.23  |             |
| Secretary's expense .....                   | 519.64   |             |
| Treasurer's expense .....                   | 152.86   |             |
| Librarian's expense .....                   | 18.25    |             |
| District Treasurer's expense .....          | 1,049.68 |             |
| Supervisors' expense .....                  | 28.72    |             |
| Board of Trial expense .....                | 62.73    |             |
| Censors' expense .....                      | 204.00   |             |
| Rent .....                                  | 750.00   |             |
| Salaries .....                              | 1,700.00 |             |
| Delegates' expense .....                    | 397.14   | \$4,926.83  |
| Boston Medical and Surgical Journal .....   |          |             |
| Guarantee .....                             | 9,100.00 |             |
| Editor's salary .....                       | 375.00   | 9,475.00    |
| Shattuck Lecture .....                      |          | 200.00      |
| Committee Expenses .....                    |          |             |
| Arrangements .....                          | 266.55   |             |
| Membership and Finance .....                | 0.00     |             |
| Ethics and Discipline .....                 | 4.00     |             |
| State and National Legislation .....        | 98.32    |             |
| Public Health .....                         | 40.00    |             |
| Workmen's Compensation .....                | 2.00     |             |
| Health Insurance .....                      | 9.49     | 415.45      |
| Annual Dividend to District Societies ..... |          | 2,500.00    |
| Defense of Malpractice Suits .....          |          | 492.90      |
| Cotting Luncheon .....                      |          | 210.47      |
| Emmons and Associates Fund .....            |          |             |
| Salary and expense of Society's agent ..... | 431.06   | \$18,651.71 |
| Surplus for the year .....                  |          | \$1,408.21  |

ARTHUR K. STONE, Treasurer.

## REPORT OF THE AUDITING COMMITTEE.

February 1, 1919.

The undersigned have secured the services of the expert accountant, Horace C. Hartshorn, to examine the books of the Treasurer, whose report we have accepted, and personally we have inspected the securities of the Society in the safe deposit box of the Bay State branch of the Old Colony Trust Company and found them to be correct as listed.

RAY W. GREENE,  
CHARLES H. HARE,  
*Auditors.*

## LETTER OF CERTIFIED PUBLIC ACCOUNTANT.

Boston, January 21, 1919.

DR. R. W. GREENE, DR. CHARLES H. HARE,  
Audit Committee, Massachusetts Medical Society,  
Boston, Mass.

Gentlemen:

In accordance with your instructions I have audited the books and accounts of your treasurer for the year ending December 31, 1918, and enclose herewith,

*Schedule A* Statement showing the Assets and Liabilities of the Massachusetts Medical Society, December 31, 1918.

*Schedule B* Statement showing the Profit and Loss Account of the Massachusetts Medical Society for the year ending December 31, 1918.

The cash on deposit with the banks has been reconciled with the bank accounts and found to be correct. Disbursements have been verified, and all known income received during the year has been properly credited on the books. I have not examined any of the securities in the safe deposit box of the Society.

Respectfully submitted,

HORACE C. HARTSHORN,  
*Certified Public Accountant.*

## BUDGET.

The Committee on Membership and Finance submits and recommends the adoption of the following budget for the fiscal year 1919:

|                                                                     |          |         |         |
|---------------------------------------------------------------------|----------|---------|---------|
| <i>Income</i>                                                       |          |         |         |
| Estimate of the Treasurer .....                                     | \$21,000 |         |         |
| <i>Appropriations for Expenditures</i>                              |          |         |         |
| Salaries of officers:                                               |          |         |         |
| Secretary .....                                                     | \$800    |         |         |
| Treasurer .....                                                     | 500      |         |         |
| Librarian .....                                                     | 400      |         |         |
| Editor .....                                                        | 300      | \$2,000 |         |
| <i>Expenses of officers:</i>                                        |          |         |         |
| President .....                                                     | 100      |         |         |
| Secretary .....                                                     | 600      |         |         |
| Treasurer .....                                                     | 150      |         |         |
| Librarian .....                                                     | 20       |         |         |
| District Treasurers ..                                              | 1,200    |         |         |
| Censors .....                                                       | 300      |         |         |
| Supervisors .....                                                   | 30       |         |         |
| Delegates to annual meeting of A.M.A. ....                          | 300      | 2,700   | \$4,700 |
| Rent of accommodations at the Medical Library .....                 |          | 750     |         |
| Boston Medical and Surgical Journal (appropriated in October) ..... |          | 9,100   |         |
| Defense of Malpractice Suits .....                                  |          | 600     |         |
| Shattuck Lecture .....                                              |          | 200     |         |
| Cotting Lunches .....                                               |          | 250     |         |
| <i>Standing Committees:</i>                                         |          |         |         |
| Membership and Finance .....                                        | \$5      |         |         |
| Ethics and Discipline .....                                         | 25       |         |         |

|                                              |     |                 |
|----------------------------------------------|-----|-----------------|
| Medical Education and Medical Diplomas ..... | 50  |                 |
| State and National Legislation .....         | 250 |                 |
| Public Health .....                          | 200 | 530             |
| Contingent expenses .....                    |     | 370             |
| Unappropriated balance .....                 |     | 4,500           |
|                                              |     | <b>\$21,000</b> |

## Three Plans for the Use of Unappropriated Balance:

*Plan One:*

|                                                                                               |         |         |
|-----------------------------------------------------------------------------------------------|---------|---------|
| Committee of Arrangements (annual meeting) charging members one dollar towards the dinner ... | \$2,000 |         |
| Dividend to District Societies .....                                                          | 2,500   | \$4,500 |

*Plan Two:*

|                                                                                 |       |       |
|---------------------------------------------------------------------------------|-------|-------|
| Committee of Arrangements charging members two dollars towards the dinner ..... | 1,500 |       |
| Dividend to District Societies .....                                            | 3,000 | 4,500 |

*Plan Three:*

|                                                       |       |       |
|-------------------------------------------------------|-------|-------|
| Committee of Arrangements (omitting the dinner) ..... | 500   |       |
| Dividend to District Societies .....                  | 4,000 | 4,500 |

For the Committee on Membership and Finance,  
CHARLES M. GREEN, *Chairman.*

## Heterellany.

## THE PRESENT ATTITUDE OF THE HOSPITALS OF MASSACHUSETTS TOWARD THE VENEREAL PROBLEM.

As part of the information needed by those organizations of the State whose work deals with social hygiene, knowledge of the position of our hospitals in regard to these matters is clearly of importance. Therefore, last October, the following circular letter and questionnaire was sent out by the Committee of the Massachusetts Medical Society on the Control of Venereal Diseases to all the general hospitals within the State, as well as to others, both general and private:

To aid in the work of the Department of Social Hygiene of the State Board of Health, which is also cooperating with this branch of the federal government, it has become necessary to ascertain the attitude of the hospitals throughout the State in regard to the admission of cases of acute venereal disease into their wards.

In order to assemble this information, the Committee of the Massachusetts Medical Society, appointed to deal with the prevention and cure of venereal diseases, asks that you will be good enough to complete the answers to the appended questionnaire and return it to the Secretary at your earliest convenience.

Very truly yours,

WILLIAM C. QUINBY, *Secretary,*  
*Committee of the Massachusetts Medical Society*  
*on the Control of Venereal Diseases.*

1. Name of hospital.
2. Number of beds.
3. Will you admit for treatment a case of syphilis in the acute infectious stage?
  - a. If "Yes," how many such cases have you admitted for treatment during the past year? Do you set any limits as to age or sex?
  - b. If "No," what are your reasons for declining admission of such cases?
4. Will you admit for treatment a case of gonorrhea in the acute infectious stage?
  - a. If "Yes," how many such cases have you admitted for treatment during the past year? Do you set any limits as to age or sex?
  - b. If "No," what are your reasons for declining admission of such cases?

(Signed) .....  
Superintendent.

Of 81 such letters sent out, 50—or 61.7 per cent.—have been answered. Of those answering, 38 were unwilling to admit cases of acute gonorrhea or syphilis, while the remaining 12 do so admit. In other words, slightly less than 15 per cent. of the representative hospitals in the State of Massachusetts are sufficiently awake to their duty toward the public health to be willing to treat such cases, while something over 39 per cent. of the hospitals take so little interest that they have thus far entirely ignored answering the letter of inquiry.

There is no need at this time to emphasize the prevalence of gonorrhea and syphilis, or the urgent need for their treatment when in the acute infectious stage. Reference to the data at present in the hands of the State Board of Health shows that during the past eleven months in which these diseases have been reportable under the law, there have been recorded 7,600 cases of gonorrhea and 3,200 cases of syphilis. These figures are to be compared with 7,800 for pulmonary tuberculosis and 4,400 for scarlet fever occurring during the past twelve months.

And still, only 15 per cent. of the hospitals are willing to admit to their wards a case of either disease when acutely infectious; while the approximate aggregate number of beds definitely stated as closed to such cases is 2700.

Why should this be the case? Possibly an examination of the reason given by the 38 hospitals who answer in the negative may throw light on this question. Fourteen give as their only reason a rule of the hospital against admission of such cases. The statement of one institution: "It is contrary to the by-laws adopted 25 years ago," fairly represents in its self-complacent tone the attitude of this group; and in over half the instances, the hospitals so answering represent the only institution for the care of the sick in their city or community, and

all of them are supported in part, at least, by public funds or donations!

The number of *known* cases of gonorrhea and syphilis in the State is 7600 and 3200 respectively. Do the boards of government or trustees of the hospitals forming this group know these facts? They must, if their members are in any way worthy of the confidence placed in them. Still, they evade their responsibility under the cloak of a "by-law adopted 25 years ago," or "a ruling made by the trustees some years ago" (this hospital was founded in 1909!).

In the present knowledge of the prevalence and proper treatment of acute venereal disease such an attitude merits only contempt.

Twenty hospitals state their reason for declining such cases to be their inability to afford proper safeguards against transmission of infection to their other patients. In some instances this is undoubtedly the true and best reason. It would be most illuminating, however, to know how many of these same institutions would refuse to admit a case of typhoid fever for the same reason. The proper care of a case of typhoid, as it regards prevention of cross infection, is more detailed and harder by far than that necessary in either gonorrhea or syphilis. In many of these instances, therefore, the impression is distinct that though expressing a semi-willingness to care for acute venereal disease, were the physical conditions of the institution different, no whole-hearted attempt has been made or is being made to remedy these conditions. The arguments that "there is no place in our hospital to care for such patients," and that "there are no facilities for segregating, and we are unwilling to expose other patients and pupil nurses," are specious and do not carry conviction.

The truth seems to be that the patient afflicted with either syphilis or gonorrhea is not desired by our hospitals for either one of two reasons: the one a supposedly moral consideration, the other a financial one. This is most clearly shown in one frank answer that "other patients might object to going to a small hospital like this which makes any bid for venereal cases." Still, the incidence of acute gonorrhea and syphilis shown on the records of the State is 7600 and 3200 respectively!

Do these hospitals not owe a duty to the general health of the community equal to that which they owe to their yearly financial balance sheet?

But in spite of conditions so discouraging as those above detailed, much hope for the future may be drawn from the reports of the twelve hospitals which do admit cases of acute syphilis and gonorrhea, and thus include these diseases among those for the care of which they consider themselves responsible to the community. By no means are all of these hospitals the largest ones, nor situated in the largest of our cities. One clear note of hope for better appreciation of these matters is struck by the following answer. Would that there were more like it!

It will be necessary to have a meeting of the trustees before the by-law which affects the treatment of such cases can be revoked. This will be done at an early date. We have, during recent years, admitted such cases, somewhat under protest, but are perfectly sure that we should admit them, possibly under certain restrictions, and are willing to go on record to that effect as soon as the by-laws are changed.

Thus, more than ever, it becomes evident that the campaign against venereal disease must be largely based on education; education of the medical profession at large, and through them, of the hospitals, as well as education of the general public.

It is full time that the medical profession of the State recognized its *individual* responsibility in matters of social hygiene. Therefore, let every doctor do his full share in this education; in his office, in his families, and especially in his hospital. Let him begin *now*, for it is, indeed, none too soon!

DR. C. M. SMITH,  
DR. P. THORNDIKE,  
DR. F. H. BAKER,  
DR. N. C. HASKELL,  
DR. W. C. QUINBY,

*Committee of the Massachusetts Medical Society  
on the Control of Venereal Diseases.*

### TYPHUS EPIDEMIC IN POLAND.

In the issue of the *Lancet* for January 26 and June 22, 1918, there appeared editorial comment on the serious epidemic of exanthematic typhus which developed last spring in Poland, especially in the district of Warsaw, then occupied and administered by the Germans. This epidemic has recently become even more serious.

"The disease began to develop epidemic proportions in the last quarter of 1916, during which period 2601 cases and 181 deaths were reported. In 1917 the epidemic assumed graver dimensions, especially in the Warsaw

Government district, in which during the year not far short of 30,000 persons contracted typhus fever (in a population of about 2½ millions), of whom 2500 died. In the first quarter of 1918 the disease was still raging, no fewer than 16,706 cases and 1566 deaths being recorded during the three months, and in April the reported cases amounted to 5022, of which 458 proved fatal. Thus, during the 19 months from October 1, 1916, to April 27, 1918, approximately 54,000 persons in the Warsaw district were attacked by typhus fever, and 4705 of them died. The principal focus of the infection appears to have been the city of Warsaw (population 850,000), in which, during the above-mentioned 19 months' period, the attacks numbered 27,494, or nearly 51% of the total cases. Another focus was the industrial town of Lodz (population, 400,000), 76 miles from Warsaw, in which 3359 persons were attacked. Up to the end of April, for which month the latest official reports are available, the epidemic showed no signs of subsiding in the Warsaw district, the reported cases still averaging about 1300 per week. In Suwalki, another Polish district, occupied and administered by the Germans, typhus fever is stated to be very prevalent, as also in the neighboring province of Courland. In Lithuania, which is also in German occupation, exanthematic typhus is widely epidemic, and from January 1 to April 13 3711 cases were officially reported. The continued prevalence of typhus fever in Eastern Europe is not without danger to our own country; and this disease will have to be included among those upon which our port sanitary authorities must keep a watchful eye until the war has ended. Fortunately, typhus fever is usually a malady of the colder months of the year, and at least some temporary diminution in the number of cases and deaths in the affected districts may be expected during the summer months."

### SOCIETY NOTICES.

**THE NORFOLK DISTRICT MEDICAL SOCIETY.**—A regular meeting of the Society will be held at the Roxbury Masonic temple, 171 Warren Street, February 25, at 8.15 P.M.

**Communications:**  
Talk on Bronchial Asthma. I. Chandler Walker, M.D.  
Personal experiences with Anaphylactic Skin Reaction in Bronchial Asthma in Children.

Joseph I. Grover, M.D.  
BRADFORD KENT, M.D., *Secretary*.

**THE NEW ENGLAND WOMEN'S MEDICAL SOCIETY.**—Will meet at the home of Dr. Emily P. Howard, Van Dyke Street, near Peter Bent Brigham Hospital, Thursday, Feb. 20, at 8 P.M.

There will be a brief exercise in surgical diagnosis, conducted by Dr. Agnes C. Victor.

Dr. Christina M. Leonard of the Probation Department of the Municipal Court, will speak of her work in the mental and physical examination of prisoners.

ALICE H. BIGELOW, M.D., *Secretary*.